

**Muckamore Abbey Hospital Inquiry
Matters for Further Clarification**

**Fourth statement of Mark McGuicken, Director of Disability and Older People,
Department of Health
Date: 12 April 2024**

Further to my written evidence to the Inquiry on 13 February 2023, 26 May 2023, 07 July 2023 and my oral evidence given to the Inquiry on 03 April 2023 and 19 April 2023, I, Mark McGuicken, make this Addendum statement for the purpose of the Muckamore Abbey Hospital (MAH) Inquiry to provide the Panel with additional information on a number of follow-up issues set out in the Inquiry's letter of 07 March 2024 **re Evidence Modules 2023: Department of Health follow-up.**

In this statement I will continue to exhibit any documents using my initials "MMcG", and will number these sequentially to follow on from my first statement, so the first document exhibited in this addendum statement will be "MMcG/313".

Matters for Further Clarification

How will SPPG operate differently from the Board?

- 1.1. I set out the background to the decision to close the HSCB in my statements of 13 February 2023 (paras 2.31-2.33) and 26 May 2023 (paras 3.1-3.5).
- 1.2. On the dissolution of the HSCB, responsibility for the majority of its functions transferred to the Department of Health with effect from 1 April 2022. The Health and Social Care (NI) Act 2022 ('the Act') transferred responsibility for the former functions of the HSCB to the Department of Health, with the exception of those pertaining to the exercise of Social Care and Childrens Functions which were transferred to HSC Trusts. It is important to note that, whilst these functions were previously the responsibility of the HSCB, it had

delegated the exercise of them unto the HSC Trusts. The HSCB oversaw the delivery of these functions in accordance with legislation and relevant standards. For those amendments in the Act that result in the social care and children functions now being directly placed on HSC trusts, the Department is now directly responsible for the oversight of the HSC trusts' exercise of those functions, thus simplifying accountability and performance management lines. The Department has issued 3 circulars setting out the revised responsibilities in respect of the Social Care and Children Functions. Circular (OSS) 01/2022 (MMcG/313) sets out the legislative and structural arrangements, circular (OSS) 02/2022 (MMcG/314) describes the arrangements for management and professional oversight, and circular (OSS) 03/2022 (MMcG/315) sets out the roles and responsibilities of the Chief Social Work Officer, the Director of the Social Care and Childrens Directorate and the Executive Directors of Social Work in the HSC Trusts.

- 1.3. The Department is organised managerially into a number of groups, and a new group, the Strategic Planning and Performance Group (SPPG), was established within the Department to discharge those functions which were previously the responsibility of the HSCB. SPPG is responsible within the Department for planning, financial and performance management of the HSC.
- 1.4. There are however a number of important differences between how SPPG currently operates and the previous HSCB operating model.
- 1.5. Firstly, in regard to governance arrangements, SPPG is an integral part of the Department of Health, and is led by a Senior Civil Servant at Deputy Secretary level, Mrs Sharon Gallagher. Unlike the HSCB, SPPG is not an Arm's length body and does not therefore have in place the usual governance arrangements associated with an Arm's length body, such as, for example, a Board made up of Executive and Non-Executive Directors. Instead, the SPPG Deputy Secretary is a member of the Senior Leadership Team of the Department and the Departmental Management Board and as such is directly accountable to the Permanent Secretary for the exercise of SPPG functions.

The Permanent Secretary is, in turn, accountable to the Health Minister for the overall performance of the Department.

- 1.6. SPPG is subject to the same scrutiny as the rest of the Department by the Departmental Board which includes two Non-Executive members. The Department's Audit and Risk Assurance Committee was established to advise the Accounting Officer, through the Departmental Board, on the quality of assurances they receive about strategic processes for risk management, governance, internal control and the integrity of financial statements. The Committee membership comprises the two Non-Executives of the Departmental Board and a further two independent external members. The oversight of the Committee extends to SPPG and those former functions of the Board which are now under the direction of the Department.
- 1.7. In addition, as an integral part of the Department, SPPG also provides support and advice directly to the Minister, as with any other part of the Department and appropriate operational arrangements in line with those already in place within the Department have been put in place to facilitate this.
- 1.8. Secondly, the statutory duty of quality which applied to the HSCB does not apply to SPPG.
- 1.9. Article 34 (1) of the Health and Personal Social Services (Quality Improvement and Regulation) (Northern Ireland) Order 2003 placed a duty on the then Health and Social Services (HSS) Boards (and each HSS Trust) to make arrangements for monitoring and improving the quality of the health and social care it provides to *individuals*. This provision was made to reflect the role of HSS Boards in the delivery of Social Care and Children's functions.
- 1.10. In the 2009 Health and Social Care Reform Act, HSS Boards were abolished and the HSCB was established. The duty of quality was extended to the HSCB.

- 1.11. In developing the Health and Social Care (Northern Ireland) Act 2022 which dissolved the HSCB, consideration was taken of other related legislation to ensure alignment and clarity. The reference to HSS Board from Article 34 (1) of the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 was removed to reflect the position that, as the delivery of Social Care and Childrens' functions had transferred to HSC Trusts,¹ SPPG does not provide care to *individuals*.
- 1.12. The reference to HSS Board was removed from Article 35 (9) of the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, again as a direct consequence of the closure of the HSCB.
- 1.13. This also means that unlike the HSCB, SPPG is outside the remit of the RQIA.
- 1.14. The change in legislation underpins the organisational and operational position that SPPG does not provide care to *individuals* and as such the Regulation and Quality Improvement Authority (RQIA) has no oversight role in that regard. Those functions of the HSCB that transferred to HSC Trusts continue to be subject to RQIA's general duties as set out in Article 4 of the Health and Personal Social Services (Quality, Improvement and Regulation) (NI) Order 2003.
- 1.15. Thirdly, the PHA, whilst still a partner with SPPG in considering commissioning services, no longer has a mandatory decision-making or sign off role in those commissioning services, and this statutory role rests solely with SPPG.
- 1.16. The Health and Social Care (NI) Act 2022, in excluding Section 8 of the Health and Social Care (Reform) Act (Northern Ireland) 2009, removed the statutory requirement for a Commissioning Plan and subsequently the PHA approval of the same. The administrative arrangements for commissioning

¹ Para 200, Schedule 1, Health and Social Care Act (Northern Ireland) 2022

services involving a Commissioning Plan Direction, a Commissioning Plan, Trust Delivery Plans and Service and Budget Agreements had become bureaucratic, resource intensive and incorporated over two hundred targets and indicators, many of which had lost their relevancy. I previously exhibited at MMcG/183 (MAHI-STM-118-217) the report of the review of commissioning which was published in October 2015. SPPG no longer carries out this process. However, pending the introduction of a new Integrated Care System for Northern Ireland, SPPG and PHA are continuing to work together to support the planning and commissioning of HSC services, and respond to system issues as they arise within the prevailing financial and policy context to improve the delivery of safe and high quality services with the aim of reducing health inequalities and improving health outcomes in Northern Ireland. The PHA are integral to providing professional input across a wide range of specialist areas, with specific emphasis on providing advice on the clinical effectiveness and clinical governance of commissioned services. It is not possible for SPPG to commission services without the professional experience and intelligence of the PHA.

1.17. SPPG are now in the process of establishing 8 new 'Planning and Commissioning teams' (from April 2024) which will be jointly chaired by SPPG and PHA, with membership from across both organisations. The 8 initial areas of focus will be Acute care, Long-Term Conditions, Inclusion Health, Maternity, Neonatal and Paediatrics, Children's social care, Community Care for Older people, Learning Disability, and Mental Health. PHA and SPPG also plan to establish a Strategic Planning Forum at Director level to oversee the work of the 8 teams, which will have senior membership from both organisations and will be jointly chaired by the SPPG Deputy Permanent Secretary and the PHA Chief Executive.

1.18. The approach moving forward within the new Integrated Care System for Northern Ireland (ICS NI) is to set the strategic direction for the HSC in a way that ensures that the planning, management, and delivery of services are more agile, flexible, and responsive to identified local needs and less bureaucratic and process driven.

- 1.19. The approach to planning HSC services under the new ICSNI Framework is coming to conclusion and will be considered by an Oversight Board chaired by the Permanent Secretary and comprising leaders from across the HSC sector, including the Head of SPPG and the Chief Executive of the PHA, before approval by the Minister.
- 1.20. Following the Minister's decision, the HSC Framework document will be updated to reflect the new commissioning approach, which cements the role of SPPG and PHA in jointly planning and managing health and social care services, following its implementation later this year.
- 1.21. In the interim SPPG and the PHA have continued to work together to support the planning and management of HSC services through, for example, effective implementation of agreed care pathways; addressing variation of performance; and service reconfiguration.
- 1.22. Whilst the Department ultimately approves the commissioning of services, the interaction of the PHA with the Department, primarily via the SPPG, is integral to discharging this function.

What prompted the exercise of contingency planning on the future role of the hospital being conducted?

- 2.1. In my first addendum statement of 26 May to the Inquiry, I set out at paragraphs 1.1 -1.9 the background to the establishment of MDAG in 2019 in response to the findings from two RQIA inspections which were carried out in February and April that year. Following the inspection carried out in April, RQIA sent a further Article 4 letter (MMcG/179 – MAHI-STM-118-158) which highlighted staff shortages as a pressing issue. The Department was also advised separately by the Trust at monthly update meetings of staffing difficulties at the hospital arising from staff suspensions resulting from the ongoing viewing of CCTV footage. To address this concern, in his advice to the Permanent Secretary on establishing MDAG the Chief Social Services Officer also advised that the HSCB should be asked to work with the relevant

Trusts to develop contingency plans for the closure of MAH. A copy of the advice provided to the Permanent Secretary and his subsequent approval is exhibited at MMcG/316.

2.2. Progress on the development of the Trust contingency plans was overseen by MDAG. As an example of this oversight, a copy of the Highlight Report prepared for the MDAG meeting of 1 October 2019 which provides an update on progress with Trust contingency plans is exhibited at MMcG/317.

2.3. The contingency plans set out options for managing resident in-patients in the event that the staffing situation at Muckamore deteriorated to the point where professional nursing and clinical judgement indicate that it could not be considered to be a safe, stable and sustainable environment for in-patients. I attach copies of the Trust contingency plans at MMcG/318, MMcG/319, MMcG/320, MMcG/321 and MMcG/322.

2.4. Following the development of the Trust contingency plans, the Department wrote to the HSCB in January 2020 to commission the development of a regional contingency plan. I attach a copy of this letter at MMcG/323.

2.5. In response, the HSCB established a Task and Finish Group to take this forward, and a draft regional contingency plan which was provided to the Department in July 2021. A copy of this plan and accompanying cover letter are exhibited at MMcG/324 and MMcG/325.

2.6. A copy of the Department's response is exhibited at MMcG/326.

What is the review process in relation to the Framework document?

3.1. The Department keeps the Framework document under review for any changes to legislation which may affect HSC bodies, changes in Department of Finance requirements for all Northern Ireland public sector Arm's length bodies,

or changes to the Departmental specific arrangements detailed within the Framework.

3.2. The review process involves identifying the relevant Departmental policy leads who have responsibility for business areas impacted by potential changes, and commissioning advice from them on any required revisions or additions. Depending on the nature of any proposed amendments, consultation would take place with any affected bodies as detailed at Section 5, para 5 of the Health and Social Care (Reform) Act (Northern Ireland) 2009. Once any proposed changes are agreed, the updated document will be shared with all relevant HSC bodies and published on the Department's website.

3.3. As part of the HSCB closure project, a review of the HSC Framework was initiated to reflect the implications for the HSC system of the closure of the HSCB and the transfer of these functions to the Department. However, resourcing pressures within the Department's Governance Unit, coupled with the continuation of Local Commissioning Groups and the not yet completed transition to the Area Integrated Partnership Boards, have delayed the progress of this review. The Department is continuing engagement with HSC organisations regarding proposed changes to the Commissioning process. The review and update of the Framework is on hold pending the outcome of this engagement.

Who is responsible for the change management required to implement the Service Framework?

4.1. In common with the full suite of Service Frameworks, the Learning Disability Service Framework set out clear, evidence-based, measurable standards for health and social care services. It set the standards of care that people who use Learning Disability services and their carers should expect, and were used by health and social care organisations to drive performance improvement through the commissioning process.

4.2. HSC Trusts as the statutory providers of services were required to ensure they delivered services to the standards specified in the Service Framework, and any necessary changes or improvements to services required to meet these standards were driven through the commissioning process. As the bodies with responsibility for commissioning services, the HSC Board (now SPPG) and the PHA were therefore jointly responsible for the change management required to implement and monitor the introduction of the standards set out in the Service Framework. In discharging this function, they worked closely with clinical and social services staff in the Trusts.

4.3. Detail on the operation of the implementation process for the LD Service Framework is outlined in my first Addendum Statement to the Inquiry, dated 25 May 2023, at paragraphs 19.1 to 19.11 and related exhibits, MMcG/202 (MAHI - STM - 118 – 1058), MMcG/203 (MAHI - STM - 118 - 1060, MMcG/204 (MAHI - STM - 118 – 1064) and MMcG/205 (MAHI - STM - 118 – 1074).

Please provide (by exhibit) an updated copy of the MAH HSC Action Plan, if available.

5.1. As outlined to the Inquiry in my evidence statement of 13 February 2023 (paras 4.12 and 5.24, and exhibits MMcG/35 (MAHI - STM - 089 – 1365) and MMcG/49 (MAHI - STM - 089 - 2546) the MAH HSC Action Plan is a live document and is continually reviewed and updated. I exhibit the most recent version of the Action Plan from February 2024 at MMcG/327. Earlier versions of this can also be provided at the Inquiry's request.

Please explain the circumstances surrounding the standing down of the Interdepartmental Ministerial Group and the Bamford Monitoring Group.

6.1. I have set out at paragraph 17 of my first addendum statement a summary of the findings of the in-house evaluation carried out by the

Department in 2016 on the second Bamford Action Plan (2012-2015). The report of the evaluation is exhibited at MMcG/195 (MAHI - STM - 118 – 541).

- 6.2. The evaluation included (at p23-24) a review of the structures established to oversee delivery of the Bamford Action Plans. There were three groups which had responsibility for this oversight, the Inter-Departmental Ministerial Group on Mental Health and Learning Disability, the Bamford Inter-Departmental Senior Officials Group (IDSOG) and the Bamford Monitoring Group (BMG).
- 6.3. The evaluation report found that the inter-Departmental Ministerial Group and the Bamford IDSOG had been effective structures in ensuring delivery of the Bamford Action Plans and monitoring and reporting on progress. However the report also found that these Groups had lost focus in recent years and the development of mental health and learning disability services had effectively been mainstreamed, with the Bamford principles embedded in HSC policy, service delivery and future service development. In addition a number of inter-agency / inter-Departmental working groups had been set up to deliver on those specific cross-cutting issues which required inter-Departmental co-operation, such as for example supported living, Day Opportunities, Post-19 transitions, and forensic mental health services.
- 6.4. In light of this the report recommended that both the Ministerial Group and the Bamford IDSOG should be stood down, and that the future drive and monitoring of services for people with mental ill-health or a learning disability be done through the new population-based, outcomes focused Programme for Government.
- 6.5. Since this, considerable progress has been made on mental health priorities, including the publication in May 2020 of a Mental Health Action Plan, alongside a Covid-19 Mental Health Response Plan. An implementation update published in June 2021 noted significant progress in implementing the Mental Health Action Plan, including the appointment of a Northern Ireland Mental Health Champion, the creation of a perinatal mental health service and

the establishment of a Mental Health Innovation Fund. In June 2021 a 10-year Mental Health Strategy 2021-31 was published as part of New Decade New Approach commitments. New governance and monitoring arrangements have been established to oversee implementation of the Strategy.

- 6.6. In relation to services for people with a learning disability, in 2018 the Department allocated Transformation funding to the HSCB to commission the development of a service model for adult learning disability services. The Department subsequently established in 2023 a Learning Disability Strategic Plan Task & Finish Group to finalise this model. Trusts, providers and families have been involved in this work.
- 6.7. Work is now underway to develop a costed implementation plan for the model and engage widely with the sector and people supported. It is critical that the service model is supported both by those who use, and those who deliver LD services before finalising the implementation plan. Subject to Ministerial decision, the service model will be subject to a public consultation.
- 6.8. In relation to the BMG, the report acknowledged the important contribution they had made to providing experience-based feedback to the Department and HSC organisations. The report went on to make recommendations for reform of the structures for involving and engaging with people with lived experience of services and their families / carers in the development of policy and the design and delivery of services in both the mental health and learning disability sectors.
- 6.9. In the mental health sector, these involved building on the success of the Mental Health Service User Forums in each Trust area, and evolving these into a Co-Production Framework.
- 6.10. For the learning disability sector, the report recommended the HSC Board should consider more effective mechanisms for engaging with people with lived experience of services, and proposed replicating the Mental Health

engagement model, appropriately modified to meet the needs of this different client group.

- 6.11. On the basis of these proposed new structures, the report recommended that the Bamford Monitoring Group should also be stood down.
- 6.12. However, the BMG was not stood down at that time, and was involved in co-production of the new Mental Health Strategy. The Patient Client Council as the hosting organization for the BMG proposed reconfiguring the BMG operating model to allow for the creation of three distinct areas of responsibility, covering mental health, learning disability, and independent public advocate support for the Muckamore Abbey Hospital Public Inquiry. The new group would be referred to as 'Beyond Bamford'. A copy of the PCC proposal and the Department's approval for this is exhibited at MMcG/328.

What triggered DOH's internal review of the operation of the scheme for the issue of alert notices?

- 7.1. A number of factors prompted the Department's internal review of the operation of the scheme for the issues of alert notices.
- 7.2. The Department's Internal Audit Unit undertook a review of the Alert Scheme in June 2018 and produced a report which made a number of recommendations, including that the scheme should be reviewed and updated. A copy of this report is at MMcG/329.
- 7.3. The Chief Commissioner of the NI Human Rights Commission (NIHRC) also wrote to the Department, initially in April 2018 and again in March 2019, to highlight concerns with regard to the policy. The Permanent Secretary first responded to the Commission in June 2018 with a commitment that a review would be undertaken, and then in May 2019 to advise that DoH officials would welcome a meeting with the Commission. NIHRC contacted the Department in June 2022 to advise that the policy continued to be raised with the Commission as a matter of concern. NIHRC sought a formal update on progress in reviewing

the policy and requested that a timeline for completion of the review be issued with the existing Chief Nursing Officer (CNO) Professional Alerts Policy. Copies of the correspondence from NIHRC and the Department's responses are exhibited at MMcG/330, MMcG/331, MMcG/332 and MMcG/333.

7.4. Following the review, the Department's Workforce Policy Directorate (WPD) and Chief Nursing Officer Group (CNOG) prepared a joint submission to the Minister of Health which set out the issues with the policy as highlighted by stakeholders and three potential options around the how to progress. I previously exhibited a copy of this at MMcG/237 (MAHI-STM-118-1569).

7.5. The Department determined that there were various inconsistencies and contradictions within the language of the scheme, a lack of clarity around the capacity in which individuals under investigation could be employed, and that the process operating in respect of the Nursing, Midwifery and Allied Health professions may be viewed as disproportionate in some cases in terms of the length of time for which an alert letter remains live.

7.6. The CNO discussed the alert process with her counterparts across the UK, who confirmed that no similar scheme operated in any of the other countries, meaning the process could be deemed to disproportionately impact registrants in Northern Ireland. This position was confirmed in writing from colleagues in England, Scotland, and Wales through correspondence to officials in NI DoH's WPD.

7.7. The General Data Protection Regulations (GDPR) became EU Legislation in April 2016 and the CNO also had significant concerns in regard to potentially breaching data privacy laws outlined by GDPR. The CNO contacted the Northern Ireland Information Commissioner's Office (ICO) to seek advice. The ICO advised that as the data shared was protected under the previous data protection regime, it is very likely that it can be continued to be shared in line with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018. However, the ICO highlighted that whilst it can provide general advice and guidance on the legislation it regulates, it is not

familiar with other legal requirements or considerations that may shape how information is processed by an organisation.

- 7.8. It is the role of professional regulator, such as the Nursing and Midwifery Council to assess a registrant's Fitness to practice where a concern has been identified. Employers have a responsibility to ensure effective Human Resource policies are in place for recruitment and employment of staff, including Access NI and professional regulatory checking processes. It is also the role of the HSC Trust to ensure effective clinical and professional governance processes are in place.
- 7.9. Three potential options were identified as part of the review. The first option was do nothing, which was discounted as failing to address any of the concerns noted in relation to the CNO Professional Alerts Policy. The second option considered involved amending the existing professional alerts policy. While this option may have addressed some of the issues, it would not have addressed others, such as the disproportionate effect of the policy on the Nursing, Midwifery and Allied Health Professions and on registrants from Northern Ireland, the concerns raised by NIHRC regarding whether registrants have the right to fair process, and whether or not representations are invited from individuals to influence the decision-making process. The third option under consideration was to revoke the policy and instead rely on the NMC and HCPC investigation process.
- 7.10. The third option was considered to best address the concerns raised, including that the current system could be viewed as disproportionate and also compliance of the policy with GDPR legislation. As is the case in the other 3 UK countries, removing the policy requires employers to rely on the investigation processes of the relevant regulators, albeit that this would not negate the responsibility of employers to manage concerns in the first instance.
- 7.11. Given that none of the other jurisdictions operated an Alert Policy for Nursing, Midwifery and AHPs, and instead relied on the regulator to provide an objective and independent assessment of any issue of serious concern raised

against a member of staff, it was recommended that Northern Ireland should adopt the same approach and revoke the Alerts Policy. This recommendation was accepted and approved by the Minister on 9 August 2022, with the Direction made to bring this decision into effect in December 2022. Staff were contacted to advise of the discontinuation of the scheme.

How will the new Adult Safeguarding Bill improve current safeguarding arrangements?

- 8.1. The draft Adult Protection Bill will introduce additional duties and powers to strengthen and improve the adult protection process. The draft Bill will also help to bring Northern Ireland in line with other parts of the UK where such legislation exists already. The main changes are detailed below.
- 8.2. The draft Bill will place a statutory duty to report and co-operate on a number of organisations and establishments (HSC Trusts, PSNI, RQIA, Probation Board, Northern Ireland Housing Executive, GPs and independent providers of health and social care services) to report to the relevant HSC Trusts any cases where they believe there is reasonable cause to suspect that an adult meets the criteria of 'an adult at risk'. These organisations will also have a statutory duty to co-operate in any inquiries.
- 8.3. The draft Bill will place a statutory duty on HSC Trusts to make follow up inquiries into all cases where someone who is suspected of being an 'adult at risk' is brought to its attention.
- 8.4. The draft Bill will introduce a new power of entry and associated additional powers, namely the Assessment Order, the Removal Order and the Banning Order. The power of entry will permit a suitably experienced, trained and qualified social worker (called an Adult Protection Social Worker or APSW) to enter the home, or other relevant premises, of an adult at risk to interview the adult in private.

- 8.5. The above-mentioned Assessment Order would permit an APSW to take the adult from that premises to a more suitable location to carry out the interview.
- 8.6. The Removal Order would permit an APSW to remove the adult from the premises to another location for up to seven days if the adult is likely to be seriously harmed.
- 8.7. The Banning Order would ban a person from being in a specified location for up to six months if the adult is being or is likely to be seriously harmed by that person.
- 8.8. These powers will have a number of restrictions and requirements that need to be met before they can be used i.e. magistrate approval will be required for the use of the power of entry and additional powers on every occasion, and there must always be a reasonable attempt to seek the consent of the adult at risk involved. Similar powers are already in effect in Scotland.
- 8.9. The draft Bill will introduce a power for HSC Trusts to access records including health, financial or other records. This will be particularly helpful if there is suspected financial abuse, which can then be reported to the PSNI for further investigation. This power will also have a number of restrictions and requirements that need to be met before it can be used, similar to those in place for the power of entry and subsequent powers.
- 8.10. The draft Bill will introduce a statutory provision of independent advocates who can assist adults at risk to be involved in and influence decisions taken about their care.
- 8.11. The draft Bill will empower the Department of Health to establish an Adult Protection Board for Northern Ireland (APBNI) and place it on a statutory footing. The APBNI will have a number of core functions, including having responsibility for carrying out and managing Serious Case Reviews. Serious Case Reviews are multi-agency reviews that will look into the circumstances

surrounding the death of, or serious harm to, an adult at risk. The purpose of Serious Case Reviews will be to establish whether there are lessons to be learned from a case about the way in which agencies and professionals work together and to action change as a result. Serious Case Reviews are already used in other parts of the UK, and are similar to Case Management Reviews, which are already used in child protection here.

8.12. The draft Bill will also see the introduction of new offences relating to ill-treatment and wilful neglect, namely the care worker offence and care provider offences which are intended to cover instances of harm by care workers and care providers, and which may not be captured by existing offences available in Northern Ireland. These offences are similar to those already in place in England and Wales.

Please provide (by exhibit) a copy of the paper which details a chronology, as referenced in evidence on 19 April 2023 at page 26 of the transcript, if available.

9.1. A copy of the chronology paper I was referring to, entitled, 'Timeline for Safeguarding guidance and documentation', is exhibited at MMcG/334.

Please provide (by exhibit) a copy of the review referred to at paragraph 31 of your statement dated 26th May 2023, if available.

10.1. A draft of this report is currently with the Department for clearance and will be provided to the Inquiry once finalised in the coming weeks.

Declaration of Truth

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

Signed:

A handwritten signature in black ink, appearing to be "Mr. Nub" or similar, written in a cursive style.

Date: 12/04/24

List of Exhibits - Addendum statement (Mark McGuicken)

MMcG/313 – Circular (OSS) 01/2022

MMcG/314 – Circular (OSS) 02/2022

MMcG/315 - Circular (OSS) 03/2022

MMcG/316 - Submission to Richard Pengelly from Sean Holland and Charlotte McArdle re MAH Safeguarding and Contingency Planning – Sept 2019

MMcG/317 – MDAG 05/19 Highlight Report 1 October 2019

MMcG/318 – Belfast Trust Contingency Plan

MMcG/319 – Northern Trust Contingency Plan

MMcG/320 – South Eastern Trust Contingency Plan

MMcG/321 – Southern Trust Contingency Plan

MMcG/322 – Western Trust Contingency Plan

MMcG/323 – letter to HSCB re Commissioning of Regional Contingency Plan – January 2020

MMcG/324 – HSCB Regional Contingency Plan

MMcG/325 – Cover letter from HSCB re Regional Contingency Plan

MMcG/326 – Department’s response to HSCB re Regional Contingency Plan

MMcG/327 - MDAG HSC Action Plan February 2024

MMcG/328 – Beyond Bamford - PCC Paper on Proposed Reconfiguration of BMG

MMcG/329 – CNO Alerts Internal Audit Final Report 2018

MMcG/330 – Letter from NIHRC re Alert Notice scheme – April 2018

MMcG/331 – DoH response to NIHRC re Alert Notice scheme – June 2018

MMcG/332 – further correspondence from NIHRC re Alert notice scheme – March 2019

MMcG/333 – DoH response to NIHRC re Alert Notice scheme – May 2019

MMcG/334 - Timeline for Safeguarding guidance and documentation

DoH CIRCULAR

CIRCULAR (OSS) 01 / 2022: LEGISLATIVE AND STRUCTURAL ARRANGEMENTS IN RESPECT OF THE AUTHORITY OF THE CHIEF SOCIAL WORK OFFICER, THE OFFICE OF SOCIAL SERVICES AND THE SOCIAL CARE AND CHILDREN'S DIRECTORATE OF THE STRATEGIC PLANNING AND PERFORMANCE GROUP IN THE DEPARTMENT OF HEALTH AND HEALTH AND SOCIAL CARE TRUSTS, IN THE DISCHARGE OF SOCIAL CARE AND CHILDREN'S FUNCTIONS (FORMERLY RELEVANT PERSONAL SOCIAL SERVICES FUNCTIONS);

SOCIAL CARE AND CHILDREN'S FUNCTIONS (STATUTORY FUNCTIONS)

1 INTRODUCTION

- 1.1 Social care services occupy a unique position in the Health and Social Care (HSC) system by virtue of the range of statutory powers and duties which direct and inform the provision of services in both Children's and Adult Programmes of Care.
- 1.2 'Relevant' statutory functions, include all functions under the Adoption (NI) Order 1987; the Disabled Persons (NI) Act 1989; the Children (Northern Ireland) Order 1995 (with the exception of the Children's Services Plan) and the Carers and Direct Payments Act (NI) 2002. Other relevant functions are specified under the Health and Personal Social Services (Northern Ireland) Order 1972; the Chronically Sick and Disabled Persons (NI) Act 1978 and the Mental Health (NI) Order 1986 and the Mental Capacity Act (NI) 2016 and Autism Act (Northern Ireland) 2011.
- 1.3 Relevant functions, described in the Health and Social Care Act (NI) 2022 as social care and children's functions, cover a range of duties, powers and responsibilities, including:
- matters which may impact upon an individual's rights;
 - interventions which may impinge on personal liberty;
 - the protection of children or adults from harm, or risk of harm, including risk of neglect, abuse or exploitation;
 - the provision of vital social care services; and
 - the exercise of regulatory functions.

These functions are exercised primarily by social workers¹ whose role is to improve and safeguard the social well-being of people in Northern Ireland on behalf of the State.

¹ Article 8, Health and Personal Social Services Act (Northern Ireland), 2001.

- 1.4 This circular sets out the legislative and structural arrangements for the discharge of relevant statutory functions by the HSC system from 1972 and up to the present day.

It also sets out the authority, legal relationship and framework of accountability between the Department of Health (DoH) and the Health and Social Care Trusts (HSCTs) in relation to the discharge of relevant functions.

- 1.5 This circular replaces Circular (OSS) 03 / 2015: (Statutory Functions). It should be read in conjunction with:-

- Circular (OSS) 02 / 2022: Social Care and Children's Functions (Statutory Functions): Management and Professional Oversight.

which sets out the roles and responsibilities of the Chief Social Work Officer, the Office of Social Services and the Social Care and Children's Directorate (SCCD) in the Strategic Planning and Performance Group in the Department of Health and HSCTs for the management and professional oversight of the discharge of relevant functions consistent with each organisation's respective roles and functions as set out in legislation.

2 LEGISLATIVE AND STRUCTURAL ARRANGEMENTS

2.1 The Department

- 2.1.1 The Department's powers derive from the Health and Personal Social Services (Northern Ireland) Order 1972¹ (the 1972 HPSS Order) and subsequent amending and additional legislation.

- 2.1.2 On 1 January 1974, the Ministry of Health and Social Services became known as the Department of Health and Social Services.

On 1 December 1999, the public safety functions of the Department of the Environment were transferred to the renamed Department of Health, Social Services and Public Safety (DHSSPS)².

The Department was subsequently renamed the Department of Health on 9 May 2016.

- 2.1.3 In 2002 the Northern Ireland Executive initiated the Review of Public Administration (RPA). Subsequent reforms streamlined the HSC system and the Health and Social Care Reform Act 2009 (the Reform Act) resulted in the establishment of one

¹ S.I.1972/1265 (N.I.14)

² See S.R. 1999 No. 481 and I.1999/283 (N.I.1)

regional Health and Social Care Board (HSCB) and six HSCTs (five community HSCTs and the Northern Ireland Ambulance Service HSCT).

A Regional Agency for Public Health and Social Well-being was also established reflecting the focus on public health and wellbeing and an emphasis on prevention and support for vulnerable people to live independently in the community for as long as possible.

2.1.4 The Reform Act provided the legislative framework within which the then Health and Social Care (HSC) structures operated. It set out the high level functions of the various HSC bodies. It also provided the parameters within which each body was to operate, and described the necessary governance and accountability arrangements to support the effective delivery of HSC in Northern Ireland.

2.1.5 Section 2 of the Reform Act placed on the Department a general duty to promote an integrated system of:

- i. health care designed to secure improvement:
 - in the physical and mental health of people of Northern Ireland, and
 - in the prevention, diagnosis and treatment of illness; and
- ii. social care designed to secure improvement in the social well-being of people in Northern Ireland.

2.1.6 Further details on the roles and functions of HSC bodies and the systems that governed their relationships with each other and the Department were set out in the Framework Document¹ produced by the Department in 2011 to meet the statutory requirements placed on it by the Reform Act.

2.1.7 The Health and Social Care Act (NI) 2022 provides the legislative framework for the closure of the HSCB and the transfer of its functions to the HSCTs and DoH and sets out the roles and functions of the HSC bodies within the new system and their relationships with each other and the Department.

2.2 Health and Social Services Boards

2.2.1 On 1 September 1972, Health and Social Services Boards (HSSBs) were established under Article 16 of the 1972 HPSS Order. The Health and Personal Social Services (Establishment and Determination of Areas of Health and Social Services Boards) Order (Northern Ireland) 1972² determined the geographical area of each Board and specified its administrative Districts.

2.2.2 Article 17 of the 1972 HPSS Order specified the key functions of the Boards in respect of health and personal social services. These included, inter alia:

¹ http://www.dhsspsni.gov.uk/framework_document_september_2011.pdf

² S.O. 1972 No. 217

- the exercise on behalf of the then Ministry of Health and Social Services, such functions (including functions imposed under an order of any court) with respect to the administration of such health and personal social services as the Ministry may direct; and
- the exercise on behalf of the then Ministry of Home Affairs such functions (including functions imposed under an order of any court) with respect to the administration of such personal social services under the Children and Young Persons Act (Northern Ireland) 1968 (the Children and Young Persons Act) and the Adoption Act (Northern Ireland) 1967 (the Adoption Act) as the Ministry may direct;
- in accordance with regulations and directions, Article 17 (2) of the 1972 HPSS Order also provided that where a function was conferred on a Board by any other legislation, that function shall be deemed to be a function which the Department had directed a Board to exercise on its behalf under Article 17 (1).

- 2.2.3 The Functions of Health and Social Services Boards (No.1) Direction (Northern Ireland) 1973 (The No. 1 Direction) specified the functions under the 1972 HPSS Order to be exercised by HSSBs on behalf of the then Ministry of Health and Social Services subject to the conditions contained in the Direction.
- 2.2.4 The Functions of Health and Social Services Boards (No. 2) Direction (Northern Ireland) 1973 (the No 2 Direction) specified functions of the then Ministry of Home Affairs under Articles 72 and 73 of the 1972 HPSS Order relating to personal social services under the Children and Young Person's Act and the Adoption Act which were to be exercised by HSSBs on behalf of the Ministry of Home Affairs subject to the conditions contained in the Direction.
- 2.2.5 A number of functions under the Children and Young Person's Act, including those relating to training schools, attendance centres and remand homes were reserved to the Secretary of State in accordance with the provisions of the Northern Ireland (Modification of Enactments – No 1) Order 1973 (the 1973 Order) made under the Northern Ireland Constitution Act 1973. These remained the responsibility of the Northern Ireland Office.
- 2.2.6 Additional functions under the Children and Young Person's Act, including Fit Person's Orders, in so far as they related to the treatment of children and young persons found guilty of offences were also reserved in the 1973 Order to the Secretary of State. Operational difficulties that this presented to HSSBs were overcome by a subsequent agency arrangement made under section 11 of the Northern Ireland Constitution Act 1973, whereby the Department undertook these functions on behalf of the Secretary of State. The Functions of Health and Social Services Boards (No 1) Direction (Northern Ireland) 1974 provided for the local discharge of these functions by HSSBs.

- 2.2.7 By virtue of the Departments (Transfer of Functions) Order (Northern Ireland) 1973¹, all functions under the Adoption Act and all remaining functions under the Children and Young Persons Act transferred on 1 January 1974 to the Department from the Ministry of Home Affairs² subject to the provisions of the 1973 Order as referred to in paragraph 2.7. The No. 2 Direction (see paragraph 2.6) remained the applicable instrument of delegation for these functions.
- 2.2.8 Arrangements in respect of Youth Justice were subsequently included in the Criminal Justice (Children) (Northern Ireland) Order 1998³ and all responsibilities for Youth Justice were transferred to the Department of Justice in The Northern Ireland Act 1998 (Devolution of Policing and Justice Functions) Order 2010⁴.
- 2.2.9 With the introduction of the Adoption (Northern Ireland Order) 1987 (the Adoption Order) certain functions were conferred directly on HSSBs. Article 17 (1) of the 1972 HPSS Order was amended by that Order so that those functions under the Adoption Order are functions which the HSSB was required to exercise in accordance with regulations made by, and directions given by, the Department.
- 2.2.10 Prior to the commencement of the Children (Northern Ireland) Order 1995 (the Children Order) in November 1996, the Department amended the Exercise of Functions Regulations⁵ to prescribe as relevant functions all functions under the Children Order.

The Department subsequently approved schemes to enable the Trusts to discharge specified relevant functions under the Children Order and the Adoption Order.

- 2.2.11 In 1998, the Department amended the Children Order to add to the duties of HSSBs in the Children (1995 Order) (Amendment) (Children's Services Planning) Order (Northern Ireland) 1998⁶. This required each HSSB to review the services provided in its area under Part IV of the Children Order and prepare and review plans in light of the review of services.

Since the 2009 reforms, this function is currently fulfilled on a regional basis by the Children and Young People's Strategic Partnership (CYPSP).

- 2.2.12 In 2003, functions previously carried out by HSSBs under Articles 80 – 87 and 96 – 103 of the Children Order, which deal with the registration and inspection of children's homes and under Article 176 of the Order (which provides for the inspection of schools accommodating children) transferred to the Regulation and Quality Improvement Authority following the introduction of the Health and

¹ SR & O 1973 No 504

² See S.I. 1973/2162 (C.64)

³ See 1998 No. 1504 (N.I. 9)

⁴ See S.I. 2010/976

⁵ SR 1996 No. 439

⁶ SR 1998 No. 261

Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

2.2.13 Section 1 of the Health and Social Care (Reform) Act (NI) 2009 (the Reform Act) dissolved the four HSSBs and replaced them with a single Regional Health and Social Care Board.

Section 1 of the Health and Social Care Act 2022 dissolved the Regional Health and Social Care Board.

Schedule 1 of the Act outlined amendments providing for the transfer of the Regional Board's functions to Health and Social Care Trusts or to the Department of Health and the amendments consequential on the transfer of those functions.

Community Care Reforms

2.2.14 During the early 1990s, the changes introduced by the White Papers "Caring for People" and 'Working for Patients', (DoH, 1989) respectively set out proposals for improving community care services and health services in England and Wales. The equivalent Northern Ireland policy document, "People First" (DHSS, 1990) introduced for the first time a division between the purchasing and provider roles within health and personal social services in Northern Ireland.

2.2.15 The role of HSSBs as coordinators, purchasers and quality controllers was strengthened relative to their primary role, at that time, as service providers. Management at local level was also strengthened through the appointment of Unit General Managers. In the early 1990s this internal re-organisation changed the administrative structure from districts to General Units of Management, and reconfigured the geographical areas of the former administrative districts.

2.2.16 Under the People First policy reforms, HSSBs as commissioners and purchasers of services, were responsible for:

- assessing the health and social care needs of their resident population;
- strategic planning to meet need; and
- the development of purchasing plans.

2.2.17 People First required HSSBs to promote a mixed economy of care and a range of providers to maximise user choice and ensure the economic, effective and efficient delivery of services.

2.2.18 The Health and Personal Social Services (Northern Ireland) Order 1991 (the 1991 HPSS Order) gave effect to these changes and enabled health services

bodies to enter into arrangements (HSS contracts) for the provision of goods or services to or by them.

2.219 Section 24 of the Reform Act provided that the functions of the HSSBs relating to health improvement and health protection functions (as defined in section 13 of the Reform Act) were then exercisable by the Regional Agency for Public Health and Social Well-being (the Regional Agency) established by section 12 of the Reform Act.

The other functions of the HSSBs were then exercisable by HSCB.

The Health and Social Care Board

2.2.20 The Regional Health and Social Care Board was established in April 2009 under Section 7(1) of the Reform Act; it subsequently became known as the Health and Social Care Board (HSCB). It amalgamated and replaced the previous four area Health and Social Services Boards (HSSBs) that had been established under the Health and Personal Social Services (Northern Ireland) Order 1972. It had a range of functions that can be summarised under three broad headings:-

- **commissioning** the provision of health and social care and other related interventions, organised around a “commissioning cycle” from assessment of need, strategic planning, priority setting and resource acquisition, to addressing need by agreeing with providers the delivery of appropriate services, monitoring delivery to ensure that it meets established quality standards, and evaluating the impact and feeding back into a new baseline position in terms of how needs have changed.
- **performance management and service improvement** – developing a culture of continuous improvement in the interests of patients, clients and carers by monitoring health and social care performance against relevant objectives, targets and standards; promptly and effectively addressing poor performance through appropriate interventions; service development; identifying and promulgating best practice; and, where necessary, the application of sanctions.
- **resource management** – ensuring the best possible use of the resources of the health and social care system, both in terms of quality, accessible services for users and value for money for the taxpayer.

2.2.21 The HSCB was accountable for its performance and for ensuring that appropriate assurance mechanisms were in place. This obligation rested with the HSCB’s board of directors. It was the responsibility of the HSCB board to manage HSCTs’ performance and to manage emerging issues in the first instance.

2.2.22 The HSCB was responsible for monitoring and reporting to the Department on the implementation of statutory functions it had delegated to HSCTs under Schemes

of Delegation (Schemes) as part of its performance and assurance responsibilities.

In line with the key principles underpinning the performance and assurance roles of all HSC bodies, the HSCB maintained a relationship with HSCTs based on openness and the sharing of information, adopting an informal, supportive approach to clarify and resolve issues as they arose, and thereby minimising the need for formal intervention.

Only unresolved performance issues of HSCTs were escalated to the Department for intervention.

Health and Social Services Trusts

- 2.4.1 Central to the community care reforms in England and Wales in the early 1990s was the concept that hospitals and community health providers were to be given the option to become self-governing Trusts.
- 2.4.2 As health and personal social services in Northern Ireland were integrated under the 1972 HPSS Order, account had to be taken of the HSSBs' responsibilities for the discharge of certain functions in relation to personal social services. Under the 1972 HPSS Order, these included services delivered under the Children and Young Person's Act and the Adoption Order.
- 2.4.3 Health and Social Services Trusts (HSSTs) were established under Article 10 of the 1991 Health and Personal Social Services Order. The first of these were established in shadow form in 1993 as corporate bodies, managerially and administratively independent of HSSBs. Further primary legislation was required to enable HSSTs to discharge personal social services functions on behalf of their respective HSSBs.
- 2.4.4 HSSTs were statutorily independent organisations within the HSC system, responsible for the delivery of health and social care services in line with Ministerial priorities, standards and targets and as commissioned by the HSSBs and subsequently by HSCB.
- 2.4.5 The number of HSSTs was reduced from eighteen to six under the Review of Public Administration in 2007. Subsection 1(3) of the Reform Act makes provision to rename the HSSTs as Health and Social Care Trusts (Trusts).

Health and Social Care Trusts

- 2.4.6 The six Trusts provide goods and services for the purposes of health and social care and, with the exception of the Ambulance Trust, were also responsible for exercising, on behalf of the HSCB, the statutory functions which were delegated to them by virtue of authorisations made under the Health and Personal Social Services (Northern Ireland) Order 1994 (the 1994 HPSS Order).

Each Trust also had a statutory obligation to put and keep in place arrangements for monitoring and improving the quality of health and social care which it provided to individuals and the environment in which it provides them.¹

- 2.4.7 Section 21 of the Reform Act placed a specific duty on each Trust to exercise its functions with the aim of improving the health and social wellbeing of, and, reducing the health inequalities between, those for whom it provides, or may provide, health and social care.
- 2.4.8 Each HSCT was accountable for its performance and for ensuring that appropriate assurance mechanisms were in place. This obligation rested with the HSCT's board of directors. It was the responsibility of the HSCT board to manage local performance and to manage emerging issues in the first instance. HSCT boards remain responsible for performance management and assurance in respect of all of the HSCT's activities.
- 2.4.9 Prior to the Health and Social Care Act (NI) 2022, HSCTs were accountable to the HSCB for the availability, quality and efficiency of the services they provided against agreed resource allocations. They were also accountable to the Minister through the Department and the HSCB for performance against Ministerial targets including compliance with any statutory obligations.
- 2.4.10 The roles and responsibilities of HSCTs in respect of Delegated Statutory Functions (DSFs) were set out in the 1991 HPSS Order, the 1994 HPSS Order and the Reform Act.
- They were further elaborated under formally agreed *Schemes for the Delegation of Statutory Functions* that were agreed between Trusts and HSCB and approved by DoH.
- 2.4.11 Under the Health and Social Care Act (NI) 2022 HSCTs became directly responsible in respect of their delivery of social care and children's functions to the Department.
- 2.4.12 To ensure legislative and service continuity in terms of HSCT responsibility for the exercise of relevant social care and children's functions, following the closure of the HSCB, the Act provides that the Department may by Order require HSCTs to exercise social care and children's functions. The means by which this is achieved is by way of amendment of the existing relevant Trust Establishment Orders.
- 2.4.13 These have been amended to revise the definition of social care and children's functions, and also, to update the functions of the Trusts and the DOH's power, by direction, to provide for specified functions to be undertaken by HSCTs on behalf of the Department. Thus ensuring that HSCTs retain the full range of duties, powers and responsibilities currently facilitated by the delegation of functions from

¹ Health and Personal Social Services (Quality, Improvement and Regulation) (NI) Order 2003

the HSCB following its closure and thus safeguarding the continuation of current service delivery by HSCTs and maintaining their legal responsibility for same.

3 AUTHORITY AND LEGAL RELATIONSHIP BETWEEN THE SCCD WITHIN SPPG AND HSCTs IN RELATION TO THE DISCHARGE OF RELEVANT FUNCTIONS

3.1 Authority for the discharge of relevant functions

3.1.1 From 1972-1994, the HSSBs were the 'named authority' responsible for the delivery of relevant statutory functions. Following the establishment of HSS Trusts in 1991 and the introduction of the purchaser/provider split within the HSS system, HSSBs were enabled through the 1994 HPSS Order to delegate the discharge of statutory functions to HSS Trusts.

'Relevant' statutory functions were thereafter referred to as 'Delegated Statutory Functions'.

3.1.2 The 1994 HPSS Order provided for certain functions of HSSBs to be exercisable on their behalf by the HSSTs. These functions were prescribed for the purposes of the 1994 HPSS Order in The Health and Social Services Trusts (Exercise of Functions) Regulations (Northern Ireland) 1994 (The Exercise of Functions Regulations) and are known as "relevant functions." It includes functions under the Adoption Order and the Children and Young Person's Act. The Health and Social Services Trusts (Exercise of Functions) (Amendment) Regulations (Northern Ireland) 1996 amended of the Health and Social Services Trusts (Exercise of Functions) Regulations (Northern Ireland) 1994 to include all functions of the Children (Northern Ireland) Order 1995.

3.1.3 With the dissolution of the HSSBs and the establishment of the HSCB under the Health and Social Care (Reform) Act (NI) 2009 (the Reform Act), the responsibility for the delivery of the relevant statutory functions and oversight of same became the responsibility of the HSCB.

HSCTs also fulfil functions conferred upon them by the Carers and Direct Payments Act (Northern Ireland) 2002, the Children's Services Co-operation Act (Northern Ireland) 2015 and the Mental Capacity (Northern Ireland) Act 2016.

Section 21 of the Human Trafficking and Exploitation (Criminal Justice and Support for Victims) Act (Northern Ireland) 2015 has been amended to require the Department of Health to make arrangements to enable an "independent guardian" to be appointed to assist, represent and support a child to whom this section applies.

3.1.4 The Health and Social Care Act (NI) 2022 made HSCTs directly responsible to the Department in respect their performance of social care and children's functions.

3.2 The legal relationship between the HSCB and HSCTs in relation to the discharge of relevant functions

- 3.2.1 Under the 1994 HPSS Order, the HSCB could, by instrument in writing under seal (“an authorisation”) provide for such relevant functions of the HSCB as are specified to be exercised by a HSCT on behalf of the HSCB.

Authorisations required the approval of the Department.

The 1994 HPSS Order required that each HSCT submit to the HSCB for approval a scheme for the exercise by the HSCT of specified relevant functions.

The HSCB was then obliged to submit the scheme for the approval of the Department.

- 3.2.3 Schemes, known as “Schemes for the Delegation of Statutory Functions” were developed by HSCTs in co-operation with the HSCB, which subsequently approved each scheme and submitted it to the Department for approval.

As part of the approval process, the Department’s role was to ensure that proper provision has been made for the exercise of the relevant functions to be delegated to HSCTs and that the HSCB had appropriate arrangements in place to assure itself that HSCTs were exercising relevant functions effectively.

- 3.2.3 The HSCB could, with the approval of the Department, revoke an authorisation to a HSCT to exercise relevant functions, should circumstances have warranted such action.
- 3.2.4 The Health and Social Care Act (NI) 2022 dissolved the HSCB and responsibility for the discharge of the aforementioned relevant functions (described in the 2022 Act as “**social care and children’s functions**”) was placed directly onto HSCTs with a direct line of accountability to the Department.

3.3 The DoH Strategic Planning and Performance Group (SPPG)

- 3.3.1 The Health and Social Care Act (Northern Ireland) 2022 dissolved the HSCB and provides for the transfer of powers, duties and responsibilities including; commissioning, performance management and resource management held by the HSCB to the DoH.

Responsibility for the oversight and performance management of the Social Care and Children’s Directorate of the Board, is now placed within the Department under the new Strategic Planning and Performance Group (SPPG).

The HSCB Social Care and Children’s Directorate (SCCD) became a directorate within the Department’s SPPG and continues to perform commissioning,

resource management, performance management and service and quality improvement functions.

- 3.3.2 The Deputy Secretary of the DoH SPPG is responsible for the performance management of the SCCD and is accountable to the Department's Permanent Secretary, who in turn is responsible to the Minister, for the delivery of functions by the SCCD.
- 3.3.3 The Director of SCCD of the DOH SPPG is responsible for the professional oversight, governance, performance management and accountability, and strategic oversight of HSCTs in relation to the exercise of social care and children's functions. The Director of SCCD of the DOH SPPG is required to be a professionally qualified social worker registered with the Northern Ireland Social Care Council (NISCC).
- 3.3.4 Article 10A of the Health and Social Care Act (NI) 2022 provides for HSCTs becoming directly responsible for social care and children's functions directed to them under **Direction Delegations** by the Department.

Within DoH, SCCD of the SPPG is responsible for the oversight, governance, performance management and accountability in respect of how HSCTs perform social care and children's functions.

4 ACCOUNTABILITY

4.1 Legal accountability

- 4.1.1 In accordance with the common law principle of 'parens patriae', the State has the power to act as the public guardian for those who are incapacitated and/or unable to legally act on their own behalf, or for children whose parents are unable or unwilling to look after them.
- 4.1.2 Generally, the State exercises its powers to safeguard and promote the welfare of children or those who cannot care for themselves through statutory agencies, named as the responsible authorities in primary legislation. Legislation specifies, in broad terms, what the State considers is required to safeguard and promote the welfare of children or those who cannot care for themselves and provides the legal authority for responsible authorities to discharge statutory functions on behalf of the State. There are circumstances in which the State names the appropriate Government Department in legislation as the responsible authority. In these situations the Department is responsible in law for the exercise of the statutory functions unless it has delegated the functions to another statutory body.

- 4.1.3 Prior to the dissolution of the HSCB, in preceding primary legislation, where the HSCB was named as the responsible authority for the exercise of the functions, these functions were deemed to be a function which the Department had directed the HSCB to exercise under Article 17 (1) of the 1972 HPSS Order.

Where the HSCB delegated relevant functions to a Trust in accordance with the provisions of the 1994 HPSS Order, under Article 3(7) of that Order, the Trust:

“...shall be liable in respect of any liabilities (including any liability in tort) in the exercise of these functions in all respects as if it were acting as a principal and all proceedings for the enforcement of such rights or liabilities shall be brought by or against the HSS Trust in its own name”.

- 4.1.4 The Children Order, Article 2(3), confirmed that “where a function was exercisable by a Health and Social Services Trust by virtue of an authorisation for the time being in operation under Article 3(1) of the Health and Personal Social Services (Northern Ireland) Order 1994, references to an authority were, to the extent that that function was exercisable by that Trust, references to that Trust”.

HSCTs, therefore, were responsible in law for the discharge of all relevant functions delegated to them by the HSCB.

- 4.1.5 With the dissolution of the HSCB by the Health and Social Care Act (Northern Ireland) 2022, the responsibility for the exercise of functions is placed directly onto HSCTs with direct accountability to the Department.

The Department confers responsibility for the exercise of social care and children’s functions on to a HSCT by a **Delegation Direction**.

HSCTs therefore are responsible in law for the discharge of all social care and children’s functions they are required to exercise under the direction of the Department.

4.2 Accountability for Implementing the Schemes

- 4.2.1 Accountability is a key element in the discharge of statute. Prior to the dissolution of the HSCB, the Department, as the parent sponsor body of the HSCB and HSCTs, carried ultimate responsibility for the oversight of the performance of these organizations, including the implementation of the Schemes within a system of delegation.
- 4.2.2 Within the system of delegation, there was a requirement for an unbroken line of professional oversight from HSCTs to the HSCB and ultimately to the Department to ensure that the Schemes are implemented in accordance with the law and in full compliance with relevant professional standards

- 4.2.3 Following the dissolution of the HSCB, HSCTs became directly accountable to the Department for ensuring that the Schemes for the exercise of social care and children's functions are implemented in accordance with the law and to all relevant professional standards.

Arrangements for the professional oversight of the discharge of functions is set out in:-

- Circular (OSS) 01 / 2022: Legislative and Structural Arrangements in Respect of the Authority of the Department of Health, Chief Social Work Officer, the Office of Social Services and the Social Care And Children's Directorate of the Strategic Planning and Performance Group in the Department of Health and Health and Social Care Trusts, in the Discharge of Social Care and Children's Functions (Formerly Relevant Personal Social Services Functions); and
- Circular (OSS) 02 / 2022: Social Care and Children's Functions (Statutory Functions): Management and Professional Oversight

5 WORKING RELATIONSHIPS

- 5.1 Collaboration is a core principle in securing the social well-being of the people of Northern Ireland.
- 5.2 Previous to the migration of SCCD into the SPPG of the DOH, a number of agencies were required to assist the HSCB and HSCTs with the discharge of certain functions in respect of children, in so far as this is compatible with that body's own statutory or other duties and obligations and does not unduly prejudice the discharge of any of its functions (Article 46 of the Children Order) and in the investigation of matters under Article 66 of the Children Order, unless to do so would be unreasonable in all of the circumstances of the case.
- 5.3 The HSCB and HSCTs were among a number of named agencies under Article 1 (3) of the Safeguarding Board Act (Northern Ireland) 2011 that together constitute the Safeguarding Board for Northern Ireland (SBNI).

The Director of SCCD of the SPPG of the DOH (or his/her delegate) will now represent SPPG of the DOH on the SBNI.

Article 10 of the Safeguarding Board Act (Northern Ireland) 2011 places a duty to co-operate on SBNI member agencies in respect of functions relating to safeguarding or promoting the welfare of children insofar as this is compatible with each member organisation's statutory duties and obligations.

- 5.4 Although not enshrined in law, the principle of collaborative working applies equally to working with adults, in particular in respect of adult safeguarding which

will be most effective when it has the full support of partners across the statutory, voluntary, community, independent and faith sectors.

- 5.5 The HSCTs are required to give priority to developing and maintaining good working relationships with other relevant agencies in the discharge of functions of statute to secure improvement in the social well-being of the people in Northern Ireland.
- 5.6 The SCCD Directorate of the Department's SPPG will work directly with HSCTs to ensure the development and maintenance of the good working relationships continues to be a priority.

CIRCULAR (OSS) 02 / 2022:**SOCIAL CARE AND CHILDREN'S FUNCTIONS (STATUTORY FUNCTIONS):
MANAGEMENT AND PROFESSIONAL OVERSIGHT****DEPARTMENT OF HEALTH (DOH) CIRCULAR****ROLES AND RESPONSIBILITIES OF THE DEPARTMENT OF HEALTH, CHIEF
SOCIAL WORK OFFICER AND OFFICE OF SOCIAL SERVICES; SOCIAL CARE
AND CHILDREN'S DIRECTORATE IN THE STRATEGIC PLANNING AND
PERFORMANCE GROUP, DEPARTMENT OF HEALTH AND THE HEALTH AND
SOCIAL CARE TRUSTS (HSCTs), FOR THE MANAGEMENT AND
PROFESSIONAL OVERSIGHT OF THE EXERCISE OF STATUTORY FUNCTIONS****1 INTRODUCTION**

- 1.1 The Health and Social Care Act (NI) 2022 dissolved the Health and Social Care Board (HSCB) and placed responsibility for the management and professional oversight of the exercise of statutory functions directly with the Department.
- 1.2 Under the 1994 HPSS Order, provision was incorporated for the discharge of functions to be delegated to and exercised by Health and Social Care Trusts (HSCTs) on behalf of the HSCB by way of an instrument in writing under seal ("an authorisation").

Authorisations required the approval of the Department.

The 1994 HPSS Order required that each HSCT submit to the HSCB for approval a scheme for the exercise by the HSCT of specified relevant functions. The HSCB was then obliged to submit the scheme for the approval of the Department.

- 1.3 Schemes, known as "Schemes for the Delegation of Statutory Functions" were developed by HSCTs in co-operation with the HSCB, which subsequently approved each scheme and submitted it to the Department for approval.

As part of the approval process, the Department's role was to ensure that proper provision has been made for the exercise of the relevant functions to be delegated to HSCTs and that the HSCB had appropriate arrangements in place to assure themselves that HSCTs were exercising relevant functions effectively.

A review of the arrangement for the delegation of statutory functions undertaken in 2011/12 recommended that HSCB agree one single uniform

template Scheme with each of the five HSCTs to ensure that there was regional consistency in the Schemes approved.

- 1.4 The HSCB could, with the approval of the Department, revoke an authorisation to a HSCT to exercise relevant functions, should circumstances warrant such action.
- 1.5 The requirement for an unbroken line of assurance and professional oversight of the discharge of Delegated Statutory Functions from HSCTs to the HSCB and ultimately to the Department of Health (DoH) came into place in 1994 following concerns raised by the judiciary with the introduction of legislation¹ which enabled the delegation of relevant statutory functions from the legacy Health and Social Services Boards to HSCTs

Arrangements for professional oversight were designed to ensure that DSFs were discharged in accordance with the law and to relevant professional standards within a system of delegation.

- 1.5 The Chief Social Work Officer (CSWO) in the Department, the Director of Social Care and Children's Directorate in the HSCB (the HSCB Director) and the Executive Director for Social Work (EDSW) in each of the HSCTs' were individually and collectively responsible for the effective operation of an unbroken line of professional oversight of Delegated Statutory Functions.
- 1.6 Professional oversight arrangements were an integral part of the overall system of checks and balances that held the HSCB and HSCTs' to account for their performance. Professional oversight involved:
 - ❖ Approval of Schemes for the Delegation of Statutory Functions
 - ❖ The appropriate discharge of functions of statute
 - ❖ Performance management
 - ❖ Strategic oversight
 - ❖ Quality Assurance
 - ❖ Continuous improvement
 - ❖ Reporting

- 1.7 The Health and Social Act (NI) 2022 dissolved the HSCB.

To ensure the continued effective performance of functions of statute relevant to social care and children's functions the Social Care and Children's Directorate (SCCD) has been included into the Department's Strategic Planning and Performance Group (SPPG).

¹ Health and Personal Social Services (Northern Ireland) Order, 1994

- 1.8 The Director of SCCD of the SPPG is responsible for the performance management of the SCCD and is accountable to the Deputy Secretary of the SPPG who in turn is responsible to the Department's Permanent Secretary, and on to the Minister.

The Director of SCCD of the SPPG will work in partnership with the Department's Social Services Group (SSG) and the Office of Social Services (OSS) and will be accountable to the Deputy Secretary/Chief Social Work Officer (CSWO) regarding matters of professional advice, guidance and insights in relation to the provision of the full range of social care and services to children and families.

- 1.9 The Health and Social Care Act (NI) 2022, revised the HPSS Orders 1991 and 1994:

Articles 3 and 4 of the HPSS order 1994, which provided for relevant functions of the HSCB, as specified, to be exercisable on their behalf by HSCTs, with the approval of the Department, by instrument in writing signed under seal (an authorisation), and requiring HSCTs to submit a scheme for the exercise by HSCTs of functions on behalf of the HSCB were removed.

The addition of Article 10B to the HPSS Order 1991 under the Health and Social Care (NI) Act 2022 provided that the Department could direct, by way of a Delegation Direction, that specified functions would be exercisable by HSCTs on behalf of the Department; and, the addition of Article 6B (Schedule 3) provided that the HSCTs must submit to the Department a scheme for the exercise of its social care and children's functions. The requirement for approval by instrument in writing under seal (an authorisation) was removed.

2. PURPOSE OF THIS CIRCULAR

- 2.1. This circular outlines the roles and responsibilities of the Chief Social Work Officer (CSWO)/Deputy Secretary of the Social Services Policy Group (SSPG), the Deputy Secretary of the Department of Health (DoH) Strategic Planning and Performance Group (SPPG) the Director of the DoH Social Care and Children's Directorate (SCCD)in the SPPG, the Deputy Chief Social Work Officer (DCSWO) and Director of the Office of Social Services (OSS) in the DoH SSPG, and the Health and Social Care Trust (HSCT) Executive Directors of Social Work (EDsSW) for the management and professional oversight of social care and children's functions exercised by HSCTs by virtue of a Delegation Direction in line with the role, function and responsibility of each body.
- 2.2 This circular should be read in conjunction with Circular (OSS) 01 / 2022: Social Care and Children's Functions (Statutory Functions) which sets out the legislative and structural arrangements in respect of the authority of the

Department and HSCTs in the exercise of statute related to social care and children's functions.

3. STATEMENT OF PRINCIPLES

3.1 Arrangements for the management of and professional oversight of functions exercised by HSCTs on behalf of the Department by virtue of a delegation direction within and between the Department and the HSCTs should be based on a commitment to:

- (i) co-operation in the interests of improving and safeguarding the social wellbeing of children, families and adults;
- (ii) evidence-informed decision-making;
- (iii) the provision of quality services and securing improved outcomes for service users;
- (iv) regional consistency and fairness in availability, quality and effectiveness of services;
- (v) continuous improvement based on learning from the professional oversight processes;
- (vi) timely reporting, prompt responses and early resolution of issues;
- (vii) efficiency, proportionality and effectiveness.

4. ACCOUNTABILITY

4.1 Accountability is a key element in the exercise of functions of statute.

The Department, as the parent sponsor body, carries ultimate responsibility for the performance of HSCTs, including the exercise of functions on behalf of the Department by way of a Delegation Direction

This responsibility is not transferable to any other body.

4.2 The Director of the SCCD in the DoH is responsible for the professional oversight, governance, performance management and strategic oversight of HSCTs in relation to the exercise of social care and children's functions (statutory functions).

4.3 The Deputy Secretary of the SSPG/CSWO, the Director of SCCD of the DOH SPPG, the DCSWO/Director of OSS, and the EDSW of each HSCT are individually and collectively responsible for:

- providing management and professional leadership on all social work and social care matters, including the exercise of social care and children's functions within their respective organisations, and, where relevant, to other organisations;
- ensuring appropriate internal organisational, managerial and professional arrangements are in place for the management and professional oversight of social care and children's functions in line with the requirements set out in this and other relevant guidance;
- providing authoritative managerial and professional advice and analysis in respect to the exercise of social care and children's functions to their Accounting Officer and board of directors;
- maintaining open and constructive working relationships and sharing information with each other as appropriate; and
- adopting a collaborative and supportive approach to clarifying and resolving issues as they arise thereby minimizing the need for escalation and/or formal intervention.

4.4 The CSWO, the Director of the SCCD of the SPPG, the DCSWO/Director of OSS, and EDsSW of HSCTs are required to be professionally qualified social workers in accordance with Article 8 (1) of the Health and Personal Social Services Act (Northern Ireland) 2001 (the 2001 Act) and registered with the Northern Ireland Social Care Council (NISCC). They are responsible for ensuring the availability of high quality professional advice within their respective organisations on the complex issues involved in the exercise of duties, powers and responsibilities particularly, but not exclusively, with regard to protecting individuals from risk of harm of neglect, abuse or exploitation.

5. Delegation Directions

5.1 The Health and Social Care Act (NI) 2022 empowers the Department of Health to make **Delegation Directions** to HSCTs to enable HSCTs to deliver social care and children's functions on behalf of the Department.

- 5.2 The Deputy Secretary of the SSPG/ Chief Social Work Officer will issue an instruction by way of a delegation direction to the HSCTs for specified functions of the Department to be exercisable by the HSCTs and requesting the HSCTs to submit a scheme confirming that they have proper provision in place for the effective exercise of these functions. The SCCD will provide a template to the HSCTs to be used in submitting a Scheme to the Department.
- 5.3 The SCCD will consider the submitted schemes in consultation with OSS in the DoH.
- 5.4 The SCCD will agree with the HSCTs any necessary modifications or amendments and will then recommend the Schemes to the CSWO for approval and issue.
- 5.5 The SCCD are responsible for the design and issue to the HSCTs of a single regional performance management and reporting template in relation to the exercise of social care and children's functions.

6. The DoH's Responsibilities for Delegation Directions

- 6.1 The CSWO may approve a scheme recommended by the Director of SCCD either without modifications or with such modifications as are agreed with the SCCD and the HSCT concerned.
- 6.8.2
- 6.2 The Department will inform the HSCTs of all relevant changes in legislation which require an amendment or update to the Schemes in a timely way.
- 6.3 The Department may, by direction, provide for specified social care and children's functions to cease to be exercisable by a HSCT and to be exercised instead by; the Department, another HSCT by Delegation Direction, or by another specified person or body by Delegation Direction.²
- 6.4 The SCCD in the DoH will agree the HSCTs' internal monitoring arrangements, as well as direct the HSCTs regarding the information they must record in respect of the exercise of these functions, in what form it is to be recorded, at what intervals it should be provided and for how long it should be retained.
- 6.5 The SCCD should ensure that HSCT Schemes have been agreed by the HSCT Accounting Officer prior to submission to the Department for approval.

² HPSS (NI) Order 1991, Schedule 3, PART 3A DIRECTIONS THAT CERTAIN FUNCTIONS BE EXERCISED BY OTHERS 22A (1) as amended by the HSC (NI) Act 2022.

- 6.6 The SCCD is responsible for considering the submitted Schemes in collaboration with OSS and recommending approval and issue of the Scheme to the CSWO.
- 6.7 The SCCD, in consultation with OSS, are required to keep the Schemes and Delegation Directions under regular review to ensure their adequacy and fitness-for-purpose and should formally review Schemes along with HSCTs at a minimum of three yearly intervals
- 6.8 The SCCD is required to retain a copy of the approved Schemes of Directed Delegation.

7.0 Health and Social Care Trusts (HSCTs) Responsibilities Under Delegation Directions

- 7.1 Under the provisions of the Health and Social Care Act (NI) 2022, HSCTs have a responsibility to submit a Scheme for their arrangements for the exercise of social care and children's functions under a delegation direction from the Department.
- 7.2 HSCTs must complete the single regional performance management reporting template, as provided by the SCCD, at intervals prescribed by the SCCD and retained as prescribed by the SCCD on the exercise of their social care and children's functions.
- 7.3 The SCCD will work with HSCTs at least every 3 years, to keep their Schemes under review. New, amended or updated Schemes require approval and issue by the CSWO in the Department,
- 7.4 The Chief Accounting Officers of the HSCTs are required to agree their Schemes for the exercise of social care and children's Functions under a Delegation Direction and prior to submission to the SCCD in the Department.
- 7.5 HSCTs are required to retain a copy of the Scheme agreed and approved by the CSWO in the DoH.
- 7.6 HSCTs are required to record and report such information with respect to the exercise of its functions as the SCCD in the DoH may direct.
- 7.8 An HSCT must give effect to any scheme approved by the Department.
- 7.9 An HSCT must, if so requested by the SCCD in the Department, submit a new scheme to the DoH for approval

- 7.10 HSCTS, as separate legal entities, are responsible in law for the discharge of relevant statutory functions delegated to them by the Department under a Delegation Direction.
- 7.11 HSCT EDSWs are responsible for ensuring approved Schemes for Delegation Directions are properly implemented and managed within all programmes of care. This includes ensuring:
- legal and professional responsibilities are assigned and necessary systems and procedures are in place;
 - compliance with all statutory, regulatory or professional requirements;
 - all staff responsible for the discharge of social care and children's functions have access to relevant training, professional support and supervision;
 - the maintenance and operation of an efficient data collection system and provision of data and reports to SCCD in the Department as required;
 - implementation of actions, including improvement plans agreed with the SCCD in the Department, to improve the safety, quality and effectiveness of services;
 - the Accounting Officer, HSCT board and the SCCD and OSS in the Department are informed, at agreed intervals, on the HSCT's performance in respect of social care and children's functions, including early notification of risks, resource pressures and legal challenges and proposed actions to address;
 - timely action to address and/or prevent the escalation of any identified issues;
 - the SCCD and, where appropriate, OSS are notified in a timely way of any relevant issues through established mechanisms³ and proposed actions to address.
- 7.12 HSCT EDSWs will be supported in their responsibilities by a Social Care Governance Officer (HSCT Governance lead) who will report directly to the

³ Established mechanisms include the Early Alert, Serious Adverse Incident, Adverse Incident, Untoward Incident and Complaints reporting systems.

EDSW in relation to the HSCT's compliance with social care and children's functions and related governance issues.

- 7.13 The HSCT Governance lead will be supported by an identified social work lead in each programme of care who is responsible for reporting to and informing the HSCT Governance lead in relation to their respective area's compliance with social care and children's functions and related governance issues.
- 7.14 HSCT Governance leads and identified social work leads are required to be suitably qualified professional social workers in accordance with Article 8(1) of the Health and Personal Social Services Act (Northern Ireland) 2001 (the 2001 Act).
- 7.15 Responsibility for the performance of HSCTs in respect of the exercise of functions rests fully with the organisation's Chief Executive Officer (CEO) who acts as the organisation's Accounting Officer. The CEO is required to account for the HSCT's performance as part of the formal Assurance and Accountability processes between the Department and the HSCTs.
- 7.16 Professional oversight arrangements ensure the Accounting Officer and the board of directors of each HSCT receive authoritative professional advice and analysis regarding their organisation's exercise of functions.
- This enables each Accounting Officer to account to the Department as appropriate. The Department's Accounting Officer is advised by the CSWO and the Deputy Secretary of the DOH SPPG on all relevant performance and professional matters, including the exercise of relevant functions of statute.
- 7.17 As such, arrangements for the professional oversight of functions exercisable by HSCTs on behalf of the Department are an integral part of each HSCT's internal corporate governance and accountability arrangements and should not duplicate reporting processes in place for these purposes.
- 7.18 Due regard will be given by the Department and HSCTs as to the views of individuals and/or agencies in terms of the performance of the HSC system in improving and safeguarding the social wellbeing of people in Northern Ireland.

8.0 PERFORMANCE MANAGEMENT RE Social Care and Children's Functions Under Delegation Directions.

- 8.1 HSCTS are responsible for ensuring the approved Schemes for Delegation Directions are implemented by the HSCTs through agreed performance management and quality assurance mechanisms.

8.2 The Director of the SCCD is responsible for ensuring approved Schemes for Delegation Directions are properly implemented by the HSCTs to agreed standards. This includes:

- ensuring effective arrangements within the SCCD for monitoring and quality assurance of each HSCT's management and discharge of social care and children's functions in compliance with approved schemes and all statutory, regulatory and professional requirements;
- maintaining oversight of individual HSCT compliance with social care and children's functions through regular liaison with HSCTs and receipt and analysis of relevant information, data and reports;
- maintaining regional oversight of consistency of HSCTs' compliance with social care and children's functions and related governance issues and ensuring the best use of resources;
- taking prompt action to address and/or prevent escalation of any issues, including under performance or non-compliance;
- overseeing the implementation of HSCT improvement/action plans approved by the SCCD;
- advising the Deputy Secretary of SPPG and the CSWO/Deputy Secretary, at agreed intervals, on the HSCTs' performance in respect of social care and children's functions, including timely notification of risks, resource pressures and legal challenges and proposed actions to address;
- alerting the Deputy Secretary of SPPG, and the CSWO/Deputy Secretary in a timely way of any unresolved disputes, substantive issues or concerns regarding a HSCT's discharge of social care and children's functions and proposed actions to address.

8.3 The Director of SCCD will be supported by a Social Care Governance Officer. The Social Care Governance Officer will report directly to the Director of SCCD in relation to the HSCTs' compliance with social care and children's functions and related governance issues.

The Social Care Governance Officer will be supported by the professional social care commissioning leads for each programme of care in the SCCD of the SPPG and the HSCT Governance leads. The HSCT Governance leads will inform and/or report to the SCCD Governance lead on social care and children's functions and related governance issues to ensure a comprehensive overview of performance at programme of care level, individual HSCT level and regionally is available.

The Social Care Governance Officer and professional social care commissioning leads and HSCT Governance leads are required to be a suitably qualified professional social worker in accordance with Article 8(1) of the 2001 Act.

- 8.4 The Deputy Secretary of the DOH SPPG is ultimately responsible for ensuring approved schemes for Delegation Directions are implemented by the HSCTs through agreed performance management and quality assurance mechanisms.

9. STRATEGIC OVERSIGHT of Social Care and Children's Functions under Delegation Directions

- 9.1 OSS/the CSWO is responsible for maintaining a strategic professional oversight of the effectiveness of the SCCD arrangements for professional oversight of each HSCT's exercise of their social care and children's functions.

- 9.2 The Deputy Secretary of the SPPG and the CSWO/Deputy Secretary are responsible for ensuring that each HSCT discharges their responsibilities as the named 'authority' for the discharge of relevant social care and children's functions in accordance with the law, approved Schemes for Delegation Directions and relevant policies, guidance, standards and directions. This includes:

- ensuring effective arrangements within the Department to maintain ongoing oversight of all relevant information including the receipt and analysis of data and reports in respect of social care and children's functions submitted by HSCTs;
- ongoing engagement with the HSCT EDSWs through established mechanisms and as and when required;
- providing authoritative professional advice and/or direction from OSS/CSWO/Deputy Secretary, and Director of SCCD to the HSCTs to address identified issues of concern, non-compliance or under-performance;
- advising the Permanent Secretary and Departmental board at agreed intervals on social care and children's functions, including timely notification of risks, resources pressures or legal challenges and proposed actions to address.

- 9.3 In the event of significant concerns arising from any HSCTs performance in relation to the discharge of social care and children's functions, the Department may use its powers under Articles 10B of the Health and

Personal Social Services (Northern Ireland) Order 1991 to direct the HSCTs to take specific actions that the Department deems necessary to improve a HSCT's performance.

- 9.4 The CSWO will be supported in his/her responsibilities by the Deputy CSWO who will report directly to the CSWO on the HSCTs' discharge of social care and children's functions.

The Deputy CSWO will be supported by professional and policy officers with responsibility for professional and/or policy lead for children's and adult social care services.

The Deputy CSWO and professional officers are required to be suitably qualified social workers, registered with NISCC in accordance with Article 8(1) of the Health and Personal Social Services Act (Northern Ireland) 2001.

10. CONTINUOUS IMPROVEMENT Re Social Care and Children's Functions Under Delegation Directions

- 10.1 Arrangements for the professional oversight of social care and children's functions should support a systems-wide culture of learning and continuous improvement and contribute to HSCTs compliance with the statutory duty to monitor and improve the quality of services⁴.
- 10.2 Continuous improvement will continue to be supported by:
- evidence-informed improvement initiatives;
 - programmes of audit; and
 - Identification and promulgation of good practice.

Evidence informed improvement initiatives

- 10.3 Proposals for improvement initiatives should be: designed and planned to improve outcomes for service users; informed by research, evidence and people's experiences of services; and measured for impact and outcomes.

Programmes of audit

⁴ Article 34, HPSS Quality, Improvement and Regulation (Northern Ireland) Order, 2003

- 10.4 Each HSCT is required to plan and undertake an annual programme of audit as part of the internal monitoring and quality assurance of the discharge of social care and children's functions. The learning and outcomes of audit activity will be used to inform improvements in each HSCT's arrangements for the discharge of social care and children's functions.
- 10.5 Each HSCT will report on its audit and improvement activity in its end year report to the SCCD.
- 10.6 The HSCTs will carry out and/or commission a programme of audit to be undertaken each year as part of its performance management and monitoring arrangements. The learning and outcomes of this audit activity will be used to inform improvements in individual HSCT and/or regional arrangements for social care and children's functions.
- 10.7 The HSCTs will report on its audit and improvement activity in its end of year overview report to the Department.
- 10.8 The Department ensures an internal audit of the SCCD's arrangements for the professional oversight of HSCTs' discharge of social care and children's functions is carried out at agreed intervals, but no longer than 5 yearly intervals. The learning and outcomes of this audit activity will inform improvements in the management and professional oversight arrangements.
- 10.9 It is imperative that the Department and HSC audit activity does not duplicate their efforts. The outcomes of other relevant audit activity should be used by the Department, and HSCTs as part of their compliance with the requirements of:-
- Circular (OSS) 01 / 2022: Legislative and Structural Arrangements in Respect of the Authority of the Department of Health, Chief Social Work Officer, the Office of Social Services and the Social Care And Children's Directorate of the Strategic Planning and Performance Group in the Department of Health and Health and Social Care Trusts, in the Discharge of Social Care and Children's Functions (Formerly Relevant Personal Social Services Functions); and
 - Circular (OSS) 02 / 2022: Social Care and Children's Functions (Statutory Functions): Management and Professional Oversight.
- 10.10 All audits of Direction Delegations and performance management in respect of social care and children's functions should be led by suitably qualified staff in accordance with Article 8 (1) of the Health and Personal Social Services Act (Northern Ireland) 2001 who have relevant experience and/or expertise in audit and/or social care governance.

11. REPORTING ARRANGEMENTS

In-year reporting

- 11.1 Effective performance management and professional oversight is a dynamic process and involves ongoing monitoring and reporting throughout each reporting year. This is done through established Departmental mechanisms.
- 11.2 Timely reporting in respect of the exercise of social care and children's functions is important and early reporting of emerging concerns or significant issues is crucial in order to facilitate appropriate decision making and, where necessary, timely responses.
- 11.3 Any substantive issues regarding the exercise of social care and children's functions should be reported promptly to the SCCD in the Department to facilitate timely action.

End year reporting

- 11.4 End year reports provide an opportunity for both the HSCTs and the Department to take stock of performance throughout the year and plan for the future. End year reports should facilitate strategic decision making about actions required to further improve services and outcomes for service users.
- 11.5 Each HSCT is required to submit an annual end year report, approved by its HSCT board, on how it has exercised its social care and children's functions to the SCCD no later than end of May each year.
- 11.6 The HSCT end year report should include an analysis of data and performance to assist the HSCT board and the Department in their respective governance, accountability and strategic planning roles to identify the HSCT's:
 - compliance with the law and agreed standards and targets;
 - performance gaps and/or areas of concerns, including non-compliance with social care and children's functions;
 - effectiveness of HSCT's monitoring and reporting arrangements;
 - outcomes of in-year audit and improvement activity;
 - outcomes for service users;

- new or emerging trends or pressures.
- 11.7 The SCCD will produce an annual end year overview report to the Office of Social Services (OSS), approved by the Deputy Secretary of the DOH SPPG, by the end of June each year based on its analysis of HSCTs' end year reports and any other relevant data and information gathered as part of its professional oversight throughout the year.
- 11.8 The end year overview report should reflect both operational performance and strategic issues and assist the OSS, the CSWO/Deputy Secretary and the Permanent Secretary in their governance, accountability and strategic planning roles including:
- overview and analysis of HSCTs' performance in respect of social care and children's functions , including good practice and performance gaps;
 - level of compliance with the law, policy, procedures, guidance, professional standards and targets;
 - outcomes of in-year audit and improvement activity;
 - emerging pressures and/or concerns;
 - regional comparison and trends.
- 11.9 The SCCD will agree an action/improvement plan with agreed timelines for implementation with each HSCT by end of June each year.
- 11.10 The SCCD will also submit within the same timeframe, either separately or as an integral part of its end year overview report: data on the configuration of the Social Work workforce in all Programmes of Care across HSCTs; an update on the qualification profile of the social work workforce in HSCTs including numbers of relevant qualifications achieved in-year against Departmental targets; the volume and range of learning and development activity including spend against Departmental commissioning priorities.
- 11.11 The CSWO/Deputy Secretary will advise the Permanent Secretary and Departmental board of the key findings of the approved end year overview report from the SCCD within 6 weeks' of receipt and/or confirmation of approval.
- 11.12 Where a significant issue is identified in the process of compiling end year reports which has not been previously reported during the year, the OSS should be alerted immediately by the SCCD in advance of submission of the end year report.

12. Chief Social Work Officer – Role and Responsibilities

Introduction

- 12.1 Chief Professional Officers, including a CSWO, are employed by the Department at a senior level to provide the Minister, Permanent Secretary and Department board with authoritative professional advice and insights in respect of the provision of the full range of health and social care.
- 12.2 The CSWO (who is also Deputy Secretary for the Social Services Policy Group) is the lead professional officer for social work and social care in Northern Ireland and sets the strategic direction for relevant service areas. S/he provides strategic professional advice and expertise to policy colleagues, government Departments, HSC agencies and other organizations as required.

The CSWO/Deputy Secretary of the SSPG sits as an executive member on the Departmental board.

- 12.3 The CSWO/Deputy Secretary of the SSPGD has a wide range of professional responsibilities including responsibility for the professional oversight of the exercise of statutory functions within an integrated HSC system. This oversight is part of the overall system within the Department for monitoring the delivery of the Department's policies by HSCTs and holding them to account.
- 12.4 The CSWO/Deputy Secretary is responsible for issuing and keeping under review all relevant Circulars, professional standards, guidance or directions in respect of arrangements for the exercise of social care and children's functions.

Accountability

- 12.5 The CSWO is directly accountable to the Permanent Secretary (PS) and to the Minister for the provision of authoritative professional advice and insights in respect of all social work and social care matters and for reporting on relevant social care and children's functions across a range of children's and adult services.

Professional Leadership

- 12.6 The CSWO is responsible for providing professional leadership for the social work and the social care workforces in Northern Ireland, including:
- Setting the strategic direction for social work and social care within an integrated HSC system;

- Promoting a strong voice for all adults, families, children and carers using social care services and for frontline workers delivering services in the development of policies, strategies and standards;
- Working collaboratively with others, including other Government Departments, the Executive Directors of Social Work (EDsSW) within the HSC system and other key stakeholders in the public, voluntary and private sectors to improve and safeguard the social wellbeing of people in Northern Ireland;
- Promoting and supporting evidence-informed approaches to decision making at practice, service and policy levels.
- Promoting and supporting a culture of innovation, continuous learning and improvement and implementation in social work and social care practice and service provision;
- Building and maintaining East/West, North/South and international professional relationships and networks to share best practice and learning;
- Communicating the positive contribution of social workers and social care workers in improving and safeguarding social wellbeing based on evidence and outcomes.

Professional Advice

12.7 The CSWO is responsible for providing authoritative professional advice and insights to the Minister of Health, and other Executive Ministers in respect of social work and social care matters including social care and children's functions, including:

- Providing authoritative professional advice and insights to the PS, senior policy colleagues, other Departments and their ALBs, the NI Assembly and its Committees, HSC agencies, community, voluntary and the independent sector, the Further and Higher Education Sector and the media.
- Working in collaboration with the Director of the DOH Strategic Planning and Performance Group, Social Care and Children's Directorate and HSCT EDsSW with regard to seeking and giving professional advice on social work and social care matters including social care and children's functions.
- Ensuring appropriate professional advice in the development and implementation of policies, strategies and standards and in Departmental responses to Regulatory reports, Judicial Reviews, Tribunals, Inquiries and Assembly Questions.

Senior Professional Practice Lead

12.8 The CSWO is responsible for making authoritative and final decisions on complex/controversial professional practice matters, including intervention action through the SCCD, including;

- Providing professional advice on the most complex cases, where individual cases may be the subject of public and/or media interests and in which the Minister may be asked/be required to become personally engaged;
- Ensuring appropriate professional input for discharging Departmental responsibilities in respect of Intercountry Adoptions in accordance with the Adoption (NI Aspects) Bill 2002 and obligations under the Hague Conventions;
- Professional endorsement of HSCT applications for admission of under 13s to secure accommodation in line with Volume 4 of the Children (NI) Order 1995 Regulations and Guidance;
- Discharging the responsibility of the Department's Child Protection Officer;

Professional Governance

12.9 The CSWO is responsible for ensuring effective arrangements within the Department for the approval of schemes for the exercise of Delegation Directions and professional oversight of social care and children's functions, including fulfilment of Corporate Parent duties, within an integrated HSC system in line with:-

- Circular (OSS) 01 / 2022: Legislative and Structural Arrangements in Respect of the Authority of the Department of Health, Chief Social Work Officer, the Office of Social Services and the Social Care And Children's Directorate of the Strategic Planning and Performance Group in the Department of Health and Health and Social Care Trusts, in the Discharge of Social Care and Children's Functions (Formerly Relevant Personal Social Services Functions): and
- Circular (OSS) 02 / 2022: Social Care and Children's Functions (Statutory Functions): Management and Professional Oversight.

12.10 S/he is also responsible for:

- ensuring effective arrangements within the Department for professional advice and responses to professional issues raised by MLAs, members of the public or through established reporting mechanisms⁵ that relate to social care and children's functions;
- Contributing as a senior professional lead to the Department's formal assurance and accountability arrangements with HSCTs;
- Accounting directly to the Permanent Secretary and the Departmental Board on the discharge of the Department's social care and children's functions;
- Promoting (alongside those responsible in the Department for advice on the commissioning system) a robust framework for commissioning and delivery in

⁵ Established mechanisms include Early Alert, Serious Adverse Incident, Adverse Incident, Untoward Incident and Complaints reporting systems.

social care and children's services, including the continuing development of standards for social care and children's services;

- Escalating any issues of concern and/or risks, including issues regarding performance or resource or service pressures on social care provision, to the Permanent Secretary and relevant policy leads;
- Sponsorship of the Northern Ireland Social Care Council (NISCC), the Northern Ireland Guardian ad Litem Agency (NIGALA) and the Safeguarding Board for Northern Ireland (SBNI).

Professional Capacity and Capability

12.11 The CSWO is responsible for the promotion of professional standards, education, training and workforce regulation to ensure safe and effective practice and service provision, including social care and children's functions , and compliance with all relevant standards;

- Commissioning sufficient social work student places to ensure an adequate supply of qualified social workers to meet social care and children's service needs;
- Contributing to workforce planning to identify the numbers and skills requirements of social workers and social care workers in specific practice/service areas for the future linked to service need;
- Setting the strategic direction and annual commissioning priorities and targets for the education and training of social workers and social care workers;
- Promoting a robust infrastructure for the professional development, supervision and support of social workers and social care staff
- Working collaboratively within the HSC system to agree strategic priorities in respect of building the capacity and capability of the social work and social care workforces;
- ensuring that social workers and all relevant social care workers are registered with the NISCC, comply with their Codes of Practice and associated regulatory requirements and take appropriate action for non- compliance;
- make recommendations, as necessary, to the Department in relation to professional and disciplinary matters regarding social services issues;

13.0 Deputy Chief Social Worker/Office of Social Services – Roles and Responsibilities

Introduction

- 13.1 The Office of Social Services (OSS) is a Professional Social Work Group⁶ within the Department of Health led by the DCSWO.

Accountability

- 13.2 The DCWO reports directly to the CSWO/Deputy Secretary of the SSPG.
Role
- 13.3 The DCSWO and OSS support the professional social work role of the CSWO.
- 13.4 The DCSWO/OSS provides professional social work advice and expertise to the Minister, the DoH, other government departments, social care and criminal justice agencies, education, and the voluntary and community sector in the arena of social work and social care and children's functions.
- 13.5 The DCSWO/OSS works with others to ensure that social work and social care services are responsive to the needs of people living and working in Northern Ireland and are of the highest possible standard in keeping with the resources available.

The DCSWO/OSS is responsible for:

- promoting the quality of social work and social care services, improving their efficiency and effectiveness and ensuring the safety and well-being of service users and carers;
- providing professional advice and expertise to Ministers, government departments, agencies, statutory, voluntary, private and community sector organisations, where appropriate, on the formulation of policy and procedures;
- the implementation and review of social care and children's services and related health policies, and the efficient and effective delivery of social work and social care services;
- developing and promoting policy on training, qualifications and staff development for the social services workforce and ensuring effective policy implementation;

⁶ In accordance with Article 8 (1), Health and Personal Social Services Act (Northern Ireland) 2001, anyone taking or using the title social worker, or any title or description implying same, is required to be a qualified social worker and registered on the Northern Ireland Social Care Council (NISCC) Social Work Register.

- Leading on social work and social care workforce policy and strategy in conjunction with DoH Workforce Policy Unit;
- The development of social work and social care professional and quality standards;
- sponsoring and holding to account the Northern Ireland Social Care Council (NISCC), which is the regulator of the social care workforce and professional social work training in Northern Ireland;
- facilitating the conduct of business between DoH, commissioners and providers of social work and social care services and other agencies;
- Ensuring appropriate professional input for discharging Departmental responsibilities in respect of Intercountry Adoptions in accordance with the Adoption (NI Aspects) Bill 2002 and obligations under the Hague Conventions;
- Professional endorsement of HSCT applications for admission of under 13s to secure accommodation in line with Volume 4 of the Children's (NI) Order 1995 Regulations and Guidance.

14.0 Deputy Secretary of the DOH Strategic Planning and Performance Group Role and Responsibilities

Introduction

- 14.1 The Deputy Secretary of the DOH SPPG is responsible for the performance management of the SCCD within the SPPG.
- 14.2 The Deputy Secretary of the DoH SPPG sits as an executive member of the DoH Board.

Accountability

- 14.3 The Deputy Secretary of the SPPG is directly responsible to the Permanent Secretary of the DoH.

Role

- 14.4 S/he is required to work collaboratively with the CSWO/Deputy Secretary of the SSPG who is responsible for providing professional leadership and strategic direction for social work and social care within an integrated HSC system.
- 14.5 The Deputy Secretary of the SPPG is also responsible for the performance management of the exercise of social care and children's functions by HSCTs and for providing strategic advice at board level on future developments and direction.

- 14.6 The CSWO/Deputy Secretary of the SSPG and the Deputy Secretary of the SPPG Group are together responsible for ensuring coherent regional arrangements for the delivery of relevant services.
- 14.7 The Deputy Secretary of the SPPG is responsible for the oversight, performance management and direction of the SCCD in relation to Social Care and Children's Functions and reports on same to the Department's Permanent Secretary, who in turn reports to the Minister
- 14.8 The SPPG is also responsible for providing strategic oversight and ensuring that each HSCT discharges their responsibilities as the named 'authority' for the discharge of relevant social care and children's functions in accordance with the law, approved Schemes for Delegation Directions and relevant policies, guidance, standards and directions; and for providing strategic advice at board level on future developments and direction.
- 14.9 The SPPG, working collaboratively with OSS, is responsible for reviewing Schemes of Delegation Directions received from HSCTs; and ensuring approved Schemes are implemented by HSCTs through agreed performance management and quality assurance mechanisms.
- 14.10 The SPPG consider and make determinations on recommendations and advice from the Director of SCCD, after consultation with the CSWO, for the revocation of Delegation Directions to HSCTs and recommend and advise Permanent Secretary on same.
- 14.11 The SPPG consider notifications of risk, resource pressure and legal challenges and proposed actions to address; escalating to the Deputy Secretary/CSWO, Permanent Secretary and the Departmental Board as necessary.
- 14.12 The SPPG approve annual end year overview report received from SCCD for submission to OSS.
- 14.13 SPPG, provide the approved end year overview report and any proposed actions to OSS, who provide the CSWO/Deputy Secretary with a professional overview of issues, who in turn, advises the Permanent Secretary and Departmental Board.

15.0 Director of the SCCD in the SPPG – Role and Responsibilities

Introduction

- 15.1 The Director of the Social Care and Children's Directorate is responsible for the professional oversight, governance, performance management and accountability and strategic oversight of HSCTs in relation to the exercise of social care and children's functions.

- 15.2 The Director of the SCCD is, in accordance with Article 8 of the Health and Personal Social Services Act (Northern Ireland) 2001, required to be a social worker and a registrant with the Northern Ireland Social Care Council (NISCC). S/he works collaboratively with the Deputy CSWO/OSS and the CSWO/Deputy Secretary of the SSPG who are responsible for providing strong professional leadership and strategic direction for social work and social care within an integrated HSC system.
- 15.3 The Director of the SCCD is also responsible for the review of the Schemes of Delegation Direction submitted by HSCTs, in collaboration with OSS, and recommending the approved schemes to the CSWO.

Accountability

- 15.4 The Director of the SCCD reports directly to the Deputy Secretary of the SPPG, in respect of compliance and performance management issues related to the delivery of social care and children's functions and, through (OSS), to the Deputy Secretary of SSPG/Chief Social Work Officer, in respect of professional social work issues related to same.

Performance Management Accountability

- 15.5 The Director of SCCD is responsible for providing managerial accountability for the performance of the social work and the social care workforces in Northern Ireland, including:
- Contributing to the strategic direction for social work and social care within an integrated HSC system;
 - Promoting a strong voice for all adults, families, children and carers using social work and social care services;
 - Working collaboratively with the HSCTs' EDsSW and other professional leads, agencies and key stakeholders in the public, voluntary and private sectors to improve and safeguard the social wellbeing of people in Northern Ireland;
 - Promoting and supporting evidence-informed approaches to decision making at practice, service and policy levels.
 - Promoting and supporting a culture of innovation, continuous learning and improvement and implementation in social work and social care practice and service provision;
 - Building and maintaining internal and cross-Departmental regional relationships and networks to share best practice and promote continuous learning;
 - Communicating the positive contribution of social work and social care services to improving and the social wellbeing of adults, families, children and carers;

- Providing strong managerial leadership across different staff groups, professions and Government Departments to plan, commission, secure and sustain social care and children's social care services based on assessed need, including child and adult safeguarding and protection services, to improve and safeguard social wellbeing of people in Northern Ireland;
- Building and sustaining effective partnerships with and between all relevant bodies in the statutory, voluntary, community and private sectors, to improve the health and social wellbeing of adults, children and young people and their families.
- Working in collaboration with the DCSWO/OSS, the CSWO/Deputy Secretary of SSPG and HSCT EDsSW to support their professional advice on social work and social care matters and in relation to social care and children's functions.
- Providing senior managerial advice in the development and implementation of policies, strategies, standards and guidance and in Departmental responses to Regulatory reports, Judicial Reviews, Tribunals, Inquiries and Assembly Questions;
- Responsibility for ensuring that the SCCD:-
 - discharges its duties in relation to social care and children's functions and in respect of children's services planning as required by the Children (Northern Ireland) Order 1995 as amended by the Children (1995 Order) (Amendment) (Children Services Planning Order) (Northern Ireland) 1998;
 - fulfils its obligations as set out in departmental circulars and guidance;
 - provides authoritative managerial and oversight advice and guidance and recommendations to Departmental Board in relation to the numbers of children in need⁷ within the HSCT's area, the nature and extent of those needs and the services requires to meet those needs;
 - contributes professional social work advice to the CSWO on guidance and recommendations to Departmental Board on the most complex cases, where individual cases may be the subject of public and/or media interests.
- Taking a lead managerial role for the development of SCCD's strategic and operational policies for meeting the social care needs of adults, children and young people, families and carers;

⁷ A definition of 'child in need' is provided in Article 17 of the Children (Northern Ireland) Order 1995

- Involving and listening to children, adults who use services , families and carers to ensure their views inform the SCCD's planning and commissioning of services for them;
- Ensuring compliance with professional and other quality standards through appropriately informed commissioning of social services at both regional and local levels and through audit and review of services;

Professional Governance

- 15.6 The Director of SCCD is responsible for establishing and operating an efficient system to ensure effective social care governance arrangements within the SCCD and overseeing social care governance arrangements within SCCD;
- Ensuring, in collaboration with the CSWO/Deputy Secretary and OSS, that there are effective arrangements within the SCCD for the managerial and professional oversight of the discharge of social care and children's functions, including fulfilment of Corporate Parent duties within an integrated HSC system in line with:-
 - Circular (OSS) 01 / 2022: Legislative and Structural Arrangements in Respect of the Authority of the Department of Health, Chief Social Work Officer, the Office of Social Services and the Social Care And Children's Directorate of the Strategic Planning and Performance Group in the Department of Health and Health and Social Care Trusts, in the Discharge of Social Care and Children's Functions (Formerly Relevant Personal Social Services Functions): and;
 - Circular (OSS) 02 / 2022: Social Care and Children's Functions (Statutory Functions): Management and Professional Oversight;
 - assuring the SCCD is discharging relevant functions effectively and in accordance with statutory requirements, departmental circulars and guidance and, where appropriate, take remedial action;
 - Managerial responsibility and accountability for the effectiveness, availability, quality and value for money for social care and children's services commissioned by, and delivered on behalf of, the SCCD;
 - Providing managerial leadership and ensuring regional consistency of high standards of social work and social care services provided to adults, families, children and carers by HSCTs;
 - ensuring the appropriate collection, maintenance and analysis of data to monitor the discharge of social care and children's functions and sharing such information with the Department;
 - ensuring that resources allocated to and by the HSCTs are efficiently and effectively used to ensure the safe and effective discharge of social care and children's functions;
 - Providing feedback to HSCTs regarding their performance in respect of social care and children's functions and the agreement of action plans to address non-

- compliance and/or areas of concern, ensuring the resolution of any performance issues in respect of a HSCT's discharge of social care and children's functions;
- Oversight of the production of an Annual Action Plan for each HSCT identifying improvements required in relation to a HSCT's performance in respect of social care and children's functions and Corporate Parenting responsibilities, a prescribed timescale for actions required and arrangements for review and assurance that improvements have been achieved and maintained;
- Ensuring, in collaboration with CSWO/Deputy Secretary, that the permanent Secretary and Departmental Board are appropriately briefed in relation to HSCTs' discharge of social care and children's functions, the Action Plans agreed with each HSCT in respect of social care and children's functions and Corporate Parenting responsibilities, and any instances of non-compliance
- the production and submission to the Department of an annual regional Overview Report in respect of the HSCTs' discharge of social care and children's functions, including the SCCD's critical analysis of the HSCTs' performance;
- escalating
 - issues that the SCCD has been unable to resolve with a HSCT
 - issues of concern and/or risks, including resource issues and/or service pressures in relation to social care and children's functions,

to the CSWO/Deputy Secretary and SPPG Deputy Secretary and in turn to the Permanent Secretary and the Departmental Board as appropriate.

Capacity and Capability

- 15.7 The Director of SCCD is responsible for working, collaboratively within DoH and HSCTs, to ensure strategic priorities in respect of building the capacity and capability of the social work and social care workforces are met, including;
- Promoting and monitoring compliance with professional and regulatory standards/requirements for the workforce and commissioning relevant education and training to ensure safe and effective practice and service provision, including discharge of social care and children's functions ;
 - Specifying, in agreement with the OSS, DCSWO and CSWO, through the commissioning process, the workforce skills and qualifications required for high quality, safe and effective service provision;
 - Advising, in agreement with the OSS, DCSWO and CSWO the Permanent Secretary and Minister on staffing levels which are sufficient to ensure the safe discharge of social care and children's functions and delivery of commissioned social work and social care services by HSCTs for which the SCCD is responsible;
 - Promotion of professional standards, education, training and workforce regulation to ensure safe and effective practice and service provision, including the discharge of social care and children's functions , and compliance with all relevant standards;
 - Contributing to workforce planning to identify the numbers and skills requirements of social workers and social care workers in specific practice/service areas for the future linked to service need;

- Ensuring that each HSCT has adequate numbers of professionally qualified social work staff and social care staff to ensure effective management and delivery of effective services to fulfil social care and children’s functions;
 - Ensuring in agreement with the OSS, DCSWO and CSWO, that adequate, high quality education and training is provided for social work students and social workers and social care workers employed in HSCTs to ensure the safe and effective discharge of social care and children’s functions ;
 - Promoting a robust oversight infrastructure to ensure that all social workers receive professional supervision in compliance with professional standards and regional guidance and that social care workers receive appropriate and adequate training, supervision and support;
 - Ensuring that systems are in place to ensure that social workers and all relevant social care workers are registered with the NISCC, comply with their Codes of Practice and associated regulatory requirements and take appropriate action to remedy non-compliance.

16.0 HSCT Executive Director of Social Work (EDSW) – role and responsibilities

Introduction

- 16.1 The role of a HSCT EDSW is to provide strong professional leadership for social work and social care across the full range of social care services provided by or commissioned within his/her HSCT for children and adults in the statutory, voluntary and private sectors; and providing assurance that satisfactory arrangements are in place for the exercise of social care and children’s functions by the HSCT.

This includes professional responsibility for ensuring the exercise of social care and children’s functions in accordance with the law, the approved Scheme for the exercise of Delegation Directions to agreed professional standards and for providing strategic advice at board level on future developments and direction.

The EDsSW have key responsibilities within the HSCT to provide professional advice and support to the CEO and HSCT Board to ensure that all legislative requirements and social care and children’s functions are fulfilled in compliance with regulations, guidance and procedures and to a high quality standard, including high professional standards.

The EDSW is responsible for seeking assurances from any other Operational Directors who have responsibility and accountability for the relevant service area that all social care and children's functions are being fulfilled to the required standard.

HSCT EDSWs are prescribed members⁸ on HSCT Boards and are required to participate in and share corporate responsibility for the work of the HSCT.

Accountability

The EDsSW are responsible for the managerial and professional oversight of the social care and children's functions exercised by the HSCTs as directed by the Department and are directly accountable to their HSCT's CEO who reports to the HSCT Board in relation to the HSCT's performance in respect of social care and children's functions.

EDsSW are directly accountable to the HSCT CEO and HSCT Board for the provision of authoritative professional advice and insights in respect of all social work and social care matters, social care and children's functions and for reporting on relevant statutory functions across a range of children's and adult services.

Role

A summary of the professional responsibilities of the EDsSW are provided below:

Professional Leadership

- Providing strong professional leadership for the social work and the social care workforces in the HSCT , ensuring high standards of social work and social care provision and full compliance with legislative, policy and procedural requirements and compliance with standards established by the Department;
- Providing professional advice and support to the CEO and HSCT Board to assist setting the strategic direction for social work and social care within the HSCT;
- Promoting a strong voice for all adults, families, children and carers who use or need social work and social care services;
- Supporting HSCT managers, frontline social workers and social care workers delivering social care and children's functions and services on behalf of the HSCT;
- Working collaboratively with other EDsSW, the Director of the DOH SPPG and the CSWO/Deputy Secretary to deliver social care and children's functions and to improve and safeguard the social wellbeing of people in Northern Ireland;
- Working collaboratively within the HSC system and with other key stakeholders in the public, voluntary, community and private sectors to improve and safeguard the social wellbeing of people in Northern Ireland;

⁸ Section 4(1)(d) The Health and Social Services HSCTs (Membership and Procedure) Regulations (Northern Ireland) 1994

- Promoting and supporting evidence-informed approaches to decision making at managerial and operational practice levels.
- Promoting and supporting a culture of innovation, continuous learning and improvement and implementation in social work and social care practice and service provision;
- Communicating, at local and regional levels, the positive contribution of social workers and social care workers in improving and safeguarding social wellbeing based on evidence and outcomes.

Professional Advice

- Responsibility for giving advice and assistance to the HSCT in determining its policies and strategies for personal social services and for executing those policies and strategies to deliver social care and children's functions;
- Advising the HSCT on professional social services issues and ensure robust professional governance arrangements for the exercise of social care and children's functions within Children's and Adult Social Care Services;
- Giving advice and assistance to the HSCT Board and CEO in determining its policies and strategies for social care services and for executing those policies and strategies ;
- Advising and assisting the HSCT Board and CEO in determining its expenditure on personal social services and securing the resources required to deliver social care services, including exercise of social care and children's functions , and in tracking expenditure on service delivery;
- Providing authoritative professional advice and insights to the CEO and HSCT Board in respect of social work and social care matters and social care and children's functions;
- Proving authoritative professional advice and insights to other professional leads, partner and key stakeholder organisations, the independent sector and the media.
- Working in collaboration with the Director of the DOH Director of SCCD, other EDsSW and the CSWO/Deputy Secretary with regard to seeking and giving professional advice on social work and social care matters and social care and children's functions.
- Ensuring appropriate professional advice in the development and implementation of HSCTs policies, strategies and standards and in responses to Regulatory reports, Judicial Reviews, Tribunals, Inquiries and Assembly Questions.

Senior Professional Practice Lead

- Providing authoritative professional advice to the CEO and, when necessary, making authoritative and final decisions on complex/controversial professional social work and social care practice matters and social care and children's functions on behalf of the HSCT;
- Providing authoritative professional advice and, as necessary, making decisions/recommendations on the most complex social work and social care cases

and social care and children's functions, where individual cases may be the subject of public and/or media interests;

- Encouraging the development and maintenance of relationships with the voluntary and private sectors to foster constructive and collaborative relationships.

Professional Governance

- Ensuring compliance with the general guidance issued by the Department of Health and within the terms of contracts with purchasers;
- Ensuring effective arrangements within the HScTs for the professional oversight of the exercise of social care and children's functions, including fulfilment of Corporate Parent duties, within an integrated HSC system in line with:-
 - Circular (OSS) 01 / 2022: Legislative and Structural Arrangements in Respect of the Authority of the Department of Health, Chief Social Work Officer, the Office of Social Services and the Social Care And Children's Directorate of the Strategic Planning and Performance Group in the Department of Health and Health and Social Care Trusts, in the Discharge of Social Care and Children's Functions (Formerly Relevant Personal Social Services Functions): and
 - Circular (OSS) 02 / 2022: Social Care and Children's Functions (Statutory Functions): Management and Professional Oversight.
- Ensuring effective arrangements within the HSCT for professional advice and responses to social work and social care issues and social care and children's functions raised through established reporting mechanisms;
- Accounting directly to the HSCT's CEO and HSCT Board on the exercise of social care and children's functions and ensuring they are briefed about the HSCT's performance in respect of social care and children's functions and Corporate Parenting responsibilities and any instances of non-compliance
- Implementing any actions or directions agreed within the HSCT to address any issues of under-performance and/or non-compliance;
- Promoting a robust framework for commissioning and delivery in social care services, including the development of standards for social care services to deliver services.
- Escalating any issues of concern and/or risks, including issues regarding performance or resource or service pressures on social work/social care provision, to the HSCT's CEO and HSCT Board;
- Submitting to the Department for approval the Schemes for the exercise of social care and children's functions ;

- Ensuring that the HSCT's legal responsibilities in relation to social care and children's functions are assigned and the necessary systems and procedures developed within the context of the scheme devised by the HSCT and agreed by SCCD and the Department;
- Monitoring the operation of those systems and procedures and reporting to the HSCT Board;
- Ensuring that an appropriate system of professional audit exists for assessing and reviewing the quality of social work and social care practice and services and the delivery of social care and children's functions;
- Monitoring, evaluating and quality assuring the provision of social care services commissioned by the Regional Group and in particular the exercise of social care and children's functions through audit and review;
- Establishing appropriate monitoring arrangements to assure the SCCD and Department that the HSCT is exercising social care and children's functions effectively and in accordance with statutory requirements, departmental circulars and guidance and, where appropriate, taking immediate remedial action;
- Ensuring the appropriate collection, maintenance and analysis of data to monitor service provision, including the exercise of social care and children's functions, and sharing such information with the SCCD and Department;
- Establishing and operating an efficient system to ensure effective social care governance arrangements within the HSCT and to oversee social care and children's functions and the social care governance arrangements associated with them within the HSCT;
- Submitting an annual report, including a self-assessment and critical analysis of performance, to the SCCD, OSS and Department on the exercise of social care and children's functions;
- Escalating any issues of concern and/or risks, including resource issues and/or service pressures, to the HSCT Board and, where appropriate, to the SCCD and Department.

Professional Capacity and Capability

- Contributing to workforce planning within the HSCT to identify the numbers and skills requirements of social workers and social care workers in specific practice/service areas for the future linked to service need;
- Advising the HSCT Board and CEO on staffing levels which are sufficient to ensure the safe exercise of social care and children's functions and social work and social care services for which the HSCT is responsible;
- Ensure all social work staff have a working knowledge of and comply with all relevant legislation, regulations, Departmental Circulars, policies, procedures, protocols and guidance in their practice, exercise of social care and children's functions and delivery of social care and children's social care services;

- Promoting high standards of professional practice by identifying training needs and ensuring social workers and social care staff receive appropriate learning, training and development opportunities and professional supervision to support effective practice and the safe exercise of social care and children's functions;
- Working collaboratively within the HSC system to agree strategic priorities in respect of building the capacity and capability of the social work and social care workforces;
- Ensuring that social workers and all relevant social care workers are registered with the NISCC, comply with their Codes of Practice and associated regulatory requirements and take appropriate action for non-compliance;
- Make recommendations, as necessary, to the HSCT in relation to professional and disciplinary matters affecting social services staff.

CIRCULAR (OSS) 03 / 2022: ROLE AND RESPONSIBILITIES OF THE DOH DEPUTY SECRETARY/CHIEF SOCIAL WORK OFFICER, DIRECTOR OF SOCIAL CARE AND CHILDREN'S DIRECTORATE, AND EXECUTIVE DIRECTORS OF HEALTH AND SOCIAL CARE TRUSTS FOR CHILDREN IN NEED¹, CHILDREN IN NEED OF PROTECTION² AND LOOKED AFTER CHILDREN³.

1 PURPOSE OF THIS CIRCULAR

1.1 The purpose of this Circular is to ensure that:

the DOH Deputy Secretary/Chief Social Work Officer (CSWO);

the Director of the Social Care and Children's Directorate (SCCD) within the DOH Strategic Planning and Performance Group (SPPG) (The Director of SCCD);

the Executive Director of Social Work (EDSW) in each Health and Social Care Trust (HSCT); and

the Board of Directors of each HSCT, **both executive and non-executive**

are aware of the responsibilities which they have under the Children (Northern Ireland) Order 1995 (The Children Order) towards all children in need, children in need of protection and, in particular, as "Corporate Parents" for 'Looked After' children and those young people in receipt of Leaving Care and Aftercare services.

1.2 The Director of SCCD and Directors within HSCTs have responsibility for the care and protection of all Children in Need (as defined by Article 17⁴ and Article 17A⁵ of the Children [Northern Ireland] Order 1995). HSCT Directors have responsibility for all such children and young people within the area of their Trust, and must take reasonable steps to identify them and ensure services are provided to meet their needs.

1.3 The roles and responsibilities of the organisations to whom this circular applies are outlined in **Annex A**.

1.4 The legislative framework that governs the roles and responsibilities of the Director of SCCD and Directors of HSCTs for children in need, children in need of protection and 'Looked After' Children and associated services delivery arrangements are outlined in Circular (OSS) 01 / 2022 Social Care and Children's Functions (Statutory Functions).

¹ The definition of a Child in Need is included in Article 17 of the Children (Northern Ireland) Order 1995.

² A child/young person is 'in need of protection' if he/she has suffered or is likely to suffer 'significant harm' as defined by the Children (Northern Ireland) Order 1995.

³ A child/young person is 'Looked After' by a Trust if he/she is subject of a legal order made in favour of that Trust or if he/she has been accommodated by the Trust for a period exceeding 24 hours

⁴ <https://www.legislation.gov.uk/nisi/1995/755/article/17>

⁵ <https://www.legislation.gov.uk/nisi/1995/755/article/17A>

- 1.5 This Circular **replaces** Circular (OSS) 01/2018 *Role and Responsibilities of Directors of Health and Social Care Board and Health and Social Care Trusts for Children in Need, Children in Need of Protection and Looked After Children.*

2. **ROLE AND RESPONSIBILITIES OF ACCOUNTING OFFICERS**

- 2.1 Chief Executive Officers of HSCTs act as the **Accounting Officer** for their organisations and are responsible for providing assurances that all social care and children's functions⁶ are fulfilled in compliance with all statutory and procedural requirements and within a framework of quality service provision and continuous improvement.
- 2.2 The Department may by direction provide for specified functions of the Department to be exercisable, in relation to the operational area of a specified HSC Trust, by that HSCT on behalf of the Department.

The Department may also, by regulations, amend the list of social care and children functions set out in paragraphs 10A and 10B of the Health and Personal Social Services (Northern Ireland) Order 1991.

- 2.2 To fulfil their Accounting Officer functions, Chief Executive Officers must be assured that the Board of their organisation and their senior management staff can effectively satisfy them that their organisation is delivering its statutory responsibilities towards children in need, children in need of protection and Looked After children and young people in compliance with all legislative and procedural requirements and to a high quality standard.
- 2.3 As Accounting Officers, they also have responsibility to ensure high levels of social care governance and an obligation to demonstrate how the services are co-produced, reviewed and improved with service recipients' direct involvement.

3 **ROLE AND RESPONSIBILITIES OF DIRECTORS OF HSCTs**

- 3.1 Children require timely assistance and appropriate help when they are in need, in need of protection or looked after. The degree to which Directors exercise their responsibilities for children will shape not only the type and quality of services which children receive on a day-to-day basis but the longer term outcomes upon which the quality of their adult life will depend.

⁶ Described in Article 10a, added to Health and Personal Social Services (Northern Ireland) Order 1991 pursuant to the enactment of the Health and Social Care Act 2022

3.2 On appointment, Directors of the Health and Social Care Trusts, whether in **an executive or non-executive capacity**, take on important responsibilities for the health and wellbeing of children in their area.

There are, in addition, particular responsibilities for children who are Looked After by a Trust.

Directors set the strategic direction of the HSCTs' services and determine HSCTs' policy and priorities within the overall objectives set by Government and the Department.

The Board of Directors is responsible for ensuring that their HSCT structures and organisational arrangements enable them to;

- fulfil their social care and children's functions and statutory duties effectively and efficiently, in compliance with all statutory, regulatory, policy and procedural requirements
- ensure services provided are of a high quality and a focus is maintained on continuous improvement in all aspects of service delivery ;
- contribute to service improvement, positive user experiences and improving outcomes;
- be transparent about responsibilities and accountabilities;
- support effective inter-agency and partnership working.

3.4 Effective multi-agency responses to children in need and their families should begin at an early stage to prevent deterioration in a child's/young person's circumstances, to safeguard and promote his/her welfare and secure improved outcomes for the child/young person.

3.5 **All HSCT Directors** should ensure that continuous improvement in quality of service provision remains a demonstrable activity in all aspects of service provision and the Trust's Annual Quality Improvement Report should inform the Board of the organisation in relation to the achievements made to improve the quality of services delivered.

3.6 Executive Directors of Social Work have a lead responsibility to provide a high quality of professional social work advice to ensure the Board of Directors can fulfil this function effectively and efficiently.

3.7 All Directors of the board of a HSCT have responsibilities to ensure that this happens in a planned, strategic and coordinated way.

In order to do so, they must make sure they have up-to-date, relevant information on which to base their decisions. They need to know about the needs of children within their area and the services and resources available, and those required, meet the needs of these children.

- 3.8 Directors and the Boards of the HSCTs require robust and reliable information to plan effectively for children's services and ensure the needs of children within their areas are effectively and efficiently met.

Directors and HSCT boards will require regular information in relation to:-

- the overall needs of children in their area and the likely demand for services;
- what methods have been used to assess children's needs in their area;
- what services are being provided and how much is being spent on them;
- what measures are being used to monitor whether needs have been met and to assess outcomes;
- how effective is the multi-agency system in the HSCT's area;
- how this information is used to inform the improvement of outcomes for children and young people in their area.

- 3.9 The SCCD of the SPPG of the Department of Health provides guidance, by Delegation Directions issued under Article 10B (1) of the Health and Personal Social Services (Northern Ireland) Order 1991⁷, in relation to the information it requires HSCTs to provide under 6B (Schedule 3) of same..

- 3.10 Correspondence (METL 2/94) from the Management Executive (Provider Development Directorate), Department of Health and Personal Social Services, Northern Ireland "HSS Trusts - Role of Executive Directors with Professional Qualifications" issued on 18 May 1994 clarified the responsibilities of Trust Executive Directors.

Acknowledging the variation in specific duties and responsibilities of individual executive directors of a Trust, it clarified that the role of each professional director included:-

- Participating in and sharing the corporate responsibility for the work of the Trust;

⁷ 10B.—(1) The Department may by direction provide for specified functions of the Department to be exercisable, in relation to the operational area of a specified HSC trust, by that trust on behalf of the Department.

Article 10B (6) of the Health and Personal Social Services (Northern Ireland) Order 1991 clarifies that "delegated functions" means functions exercised by the trust by virtue of a delegation direction.

- Fulfilling a functional role as a second line manager responsible directly to the chief executive of the Trust; and
- Providing professional leadership throughout the Trust.

3.11 The Annex to the letter (METL 2/94) provided detailed guidance on the professional role of the Executive Director of Social Work, including the specific role of providing the Trust with the necessary professional social work advice and expertise required to ensure the effective and efficient delivery of personal social services and the satisfactory discharge of the statutory functions delegated to the Trust.

4. THE CORPORATE PARENT⁴

- 4.1 The HSCTs have a legal and ethical duty to provide children who are Looked After with the kind of support that any good parents would give to their children. In this context the Board of Directors of the Trust act as the **“Corporate Parent”**⁸ for all children and young people who are Looked After by the Trust and are corporately responsible for all aspects of those children’s and young people’s well-being.
- 4.2 Children who are Looked After are vulnerable and one of the best safeguards against abuse or harm to these children is a high standard of management and practice in planning, monitoring and resourcing a range of social services for children and their families.
- 4.3 As well as ensuring that children are kept safe and well in the present, high standards of service and professional practice, managerial and corporate oversight will give children who are Looked After enhanced life chances so that when they cease to be Looked After they have much better prospects and ultimately a more settled adult life.

⁸ When a child/young person becomes ‘Looked After’ by a Trust, the Trust becomes the ‘Corporate Parent’ of that child/young person and has a collective responsibility to provide the best possible care and safeguarding for the children/young people who are looked after by the Trust. A child/young person who is looked after by a Trust requires the whole Trust – its officers and employees – to have the same goals for the children/young people it looks after as those of every ‘good parent’, and to act as a ‘good parent’ would be reasonably expected to act for their child. The Trust must take seriously the moral as well as legal responsibility for enabling the children in its care to experience happy and fulfilling lives.

Every good parent wants the best for their child, to see their child flourish with good health, to be safe and happy, to do well at school, to enjoy good relationships with their peers, to make the most of leisure opportunities, hobbies and interests, and to grow into adulthood equipped to lead a fulfilling, independent life and to make his/her way as an adult in higher education, in a good career/ job, and to be financially secure. [Children and Social Work Act 2017]

Annex A

ORGANISATIONAL ROLES AND RESPONSIBILITIES

THE ROLE OF THE DEPARTMENT OF HEALTH (THE DEPARTMENT)

The Department has responsibilities in relation to children in need and their families. These include:-

- the establishment and review of the legislative and policy context for the planning and delivery of health and social care services for children and their families;
- providing regulations, guidance and standards for services to help ensure the quality and effectiveness of social care services provision; and
- discharging, monitoring and accountability functions through collation and analysis of regional information and bilateral meetings with HSCTs on their discharge of their social care and children's functions (the statutory responsibilities that have been delegated to them for children in need and their families).

The Department has provided Regulations and Guidance to accompany the Children (Northern Ireland) Order 1995 (the Children Order) and has provided and contributed to further procedures, guidance and standards to assist HSCTs deliver their social care and children's functions and the statutory functions contained in the Children Order and related legislation and Regulations.

The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order)⁹ also places a statutory duty of quality upon health and social care organizations and requires the Department to develop standards against which the quality of services can be measured.

The Department provides oversight of HSCTs' social care and children's functions and, through established reporting arrangements and assurance and accountability processes, monitors the effectiveness and efficiency of service provision to meet the needs of children and families.

⁹ <http://www.legislation.gov.uk/nisi/2003/431/contents>

OFFICE OF SOCIAL SERVICES

A Professional Social Work Group is located within the Office of Social Services (OSS) in the Department of Health. OSS provides professional social work advice and expertise to the Minister, the Deputy Secretary/Chief Social Work Officer the department and social care and criminal justice agencies in the arena of social work and social care and children's function OSS works with others to ensure that social work and social care services are responsive to the needs of people living and working in Northern Ireland and are of the highest possible standard in keeping with the resources available

OSS is responsible for:

- promoting the quality of social work and social care services, improving their efficiency and effectiveness and ensuring the safety and well-being of service users and carers;
- providing professional advice and expertise to Ministers, government departments, agencies, statutory, voluntary, private and community sector organisations, where appropriate, on the formulation of policy and operational procedures;
- the review of social care and children's functions, services and related health policies, and the efficient and effective delivery of social work and social care and children's services;
- developing and promoting policy on training, qualifications and staff development for the social services workforce and ensuring effective policy implementation;
- sponsoring and holding to account the Northern Ireland Social Care Council (NISCC), which is the regulator of the social care workforce and professional social work training in Northern Ireland;
- facilitating the conduct of business between DoH, commissioners and providers of social work and social care services and other agencies;
- Leading on social work and social care workforce policy and strategy in conjunction with DoH Workforce Policy Unit;
- The development of social work and social care professional and quality standards.

- Professional endorsement of HSCT applications for admission of under 13s to secure accommodation in line with Volume 4 of the Children (NI) Order 1995 Regulations and Guidance.
- Ensuring appropriate professional input for discharging Departmental responsibilities in respect of Intercountry Adoptions in accordance with the Adoption (NI Aspects) Bill 2002 and obligations under the Hague Conventions;

THE SOCIAL CARE AND CHILDREN'S DIRECTORATE

Following the closure of the Health and Social Care Board (HSCB), the HSCB Social Care and Children's Directorate (SCCD) 'migrated' into the Department of Health within the Strategic Planning and Performance Group (SPPG).

The SCCD reports directly to the Grade 3 Deputy Secretary of the Department of Health SPPG in respect of compliance and performance management issues related to social care and children's functions and, through OSS, to the Deputy Secretary/Chief Social Work Officer in respect of professional social work issues related to social care and children's functions.

The Deputy Secretary of the Department of Health SPPG and the Deputy Secretary/Chief Social Work Officer both report in collaboration with each other to the Department's Permanent Secretary in relation to their respective responsibilities for social care and children's functions.

The SCCD is responsible for professional oversight, governance, performance management and accountability as well as strategic oversight of HSCTs in relation to the exercise of social care and children's functions (statutory functions).

The SCCD of the Departmental SPPG plays a key role in the approval process in relation to the approval of Schemes of Delegation Direction. The Department (SCCD) will issue an instruction (delegation direction), signed by the Deputy Secretary / Chief Social Work Officer, for specified functions of the Department to be exercisable by the HSCTs and requesting the HSCTs to submit a Scheme on an approved template to assure the Department that proper provisions are in place for the effective exercise of the said functions.

The SCCD are responsible for the design and issue of a single regional performance management and reporting template in relation to the exercise of social care and children's functions.

HEALTH AND SOCIAL CARE TRUSTS (HSCTs)

The Health and Social Care Act 2022 amended previous legislation and provided the legislative basis for the exercise of statutory functions by HSCTs by the addition of Article 10 A and 10 B to Health and Personal Social Services (Northern Ireland) Order 1991.

The arrangements for the exercise of statutory functions related to social care and children's are specified in Departmental Circular (OSS) 01 / 2022: Social Care and Children's Functions (Statutory Functions) and Circular (OSS) 02 / 2022: Social Care and Children's Functions (Statutory Functions): Management and Professional Oversight

The HSCTs' Executive Director of Social Work (and the Department's Director of Children's Social Care) are the officers with prescribed responsibility for organisational oversight of the discharge of social care and children's functions (Statutory Functions) and their roles and responsibilities in relation to management and reporting arrangements are clearly outlined in:-

Circular (OSS) 01 / 2022: Legislative and Structural Arrangements in Respect of the Authority of the Department of Health, Chief Social Work Officer, the Office of Social Services and the Social Care And Children's Directorate of the Strategic Planning and Performance Group in the Department of Health and Health and Social Care Trusts, in the Discharge of Social Care and Children's Functions (Formerly Relevant Personal Social Services Functions); and

Circular (OSS) 02 / 2022: Social Care and Children's Functions (Statutory Functions): Management and Professional Oversight.

However, as a Board of Directors, all Directors of HSCTs - executive and non-executive - have a duty to ensure that the management and other arrangements in place within HSCTs are appropriate to the delivery of high quality and well managed services for children and that all social care and children's functions (statutory functions) are effectively and efficiently delivered.

CHILDREN'S AND YOUNG PEOPLE'S STRATEGIC PARTNERSHIP

The Children & Young People Strategic Partnership (CYPSP) previously led by HSCB is led by SCCD. It is a multiagency strategic partnership consisting of the leadership of all key agencies across statutory, voluntary and community sectors who have responsibility for improving outcomes for all children and young people in Northern Ireland.

CYPSP develops and reviews the Children's Services Plan which SCCD is required to deliver in compliance with the Children (1995 Order) (Amendment) (Children's Services Planning) Order (Northern Ireland) 1998.¹⁰

REGULATION AND QUALITY IMPROVEMENT AUTHORITY (RQIA)

The Regulation And Quality Improvement Authority (RQIA)¹⁰ was established under the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (the 2003 Order) and is the independent body responsible for monitoring and inspecting the availability and quality of health and social care services in Northern Ireland and encouraging improvement in the quality of those services.

¹⁰ <https://www.legislation.gov.uk/nisi/2003/431/article/40>

**FROM: Sean Holland
Charlotte McArdle**

DATE: XX September 2019

TO: Richard Pengelly

MUCKAMORE ABBEY HOSPITAL: PSNI CONCERNS REGARDING 9 STAFF

ISSUE:	Need to urgently address emerging governance issues, and expedite contingency planning, in light of PSNI concerns about 9 staff raised initially with RQIA in mid-August.
TIMING:	Urgent
PRESENTATIONAL ISSUES	Issue very likely to attract media attention. [TO BE CLEARED WITH PRESS OFFICE]
FOI IMPLICATIONS	Any request will be considered in line with the provisions of the Fol Act.
FINANCIAL IMPLICATIONS	None associated with this submission.
LEGISLATION IMPLICATIONS	None associated with this submission.
EQUALITY/HUMAN RIGHTS/RURAL NEEDS IMPLICATIONS	None associated with this submission.
RECOMMENDATION	<p>It is recommended that you:</p> <ul style="list-style-type: none"> (i) Note the concerns raised by the PSNI regarding 9 members of staff arising from their viewing of PICU CCTV footage; (ii) Note the urgent need to ensure the separation of safeguarding decision making from the operational management of Muckamore; (iii) Note that the HSCB has been tasked with urgently drawing up a process map of current safeguarding processes at Muckamore to inform potential options; and

	(iv) Further to your discussions yesterday, agree to write to Trust Chief Executives along the lines of the draft attached at Annex A seeking their contingency plans by next week.
--	--

Background

1. As you are aware, the RQIA recently issued three improvement notices to the BHSCT in respect of staffing, safeguarding and financial governance at Muckamore. These followed two unannounced inspections earlier in the year and Article 4 letters to the Department in March and April in response to which you approved enhanced governance arrangements at Departmental level, including the establishment of the Muckamore Departmental Assurance Group. (This Group met for the first time last Friday.) We also wrote in May to the HSCB to ask that they assign a dedicated resource to work with the Trusts on drawing up contingency plans for the potential closure of some MAH services in light of the growing concerns around their continuing viability at that time.

PSNI concerns

2. RQIA contacted the Department yesterday to advise that in mid-August the PSNI contacted them with concerns about 9 members of staff (7 from BHSCT, 1 SEHSCT and 1 agency worker) on foot of their viewing of CCTV footage of the PICU ward in Muckamore. RQIA reported that, based on the nature of the incidents viewed by the PSNI, the PSNI were very surprised that these staff were still working in Muckamore. RQIA advised the PSNI to contact the Belfast Trust, following which two meetings took place between the PSNI and the Trust, last week and earlier this week and, we understand a further meeting is arranged for tomorrow to confirm the actions taken by the Trust in light of the concerns raised. According to the RQIA, the PSNI reported that the meeting this week was productive, having also raised difficulties in relation to their engagement with the Belfast Trust prior to this.

3. While it is not yet clear whether the incidents viewed by the PSNI had already been seen by the Trust and judged not to warrant suspension, an emerging issue from these meetings is the degree to which operational considerations relating to the running of the hospital may be influencing decisions being made in relation to protection planning. RQIA also referred to ongoing concerns they have about the approach being taken by the Trust in relation to enhanced supervision where these have been put in place as part of the Trust's protection planning arrangements.
4. The concerns raised by the PSNI come on the back of ongoing difficulties we have had in getting coherent and consistent information from the Trust about the current safeguarding processes. Subsequent discussions yesterday, firstly with the PSNI (who had understood the matter to be dealt with, resulting in one further suspension by the Trust) and then with the Belfast Trust, have not provided us with a clear picture of the current position regarding the 9 staff, nor the necessary assurances in relation to the Trust's safeguarding processes at Muckamore.
5. In addition to establishing the facts in relation to the 9 staff, there are in our view two issues needing to be addressed in the immediate term in light of this.

Separation of operational decision making and safeguarding processes

6. First, there is an urgent need to ensure the separation of operational decision making in relation to the running of the hospital from decision making in relation to protection planning/adult safeguarding. This has been discussed with the HSCB whom we have already tasked with establishing a clear process map of the current arrangements. This will inform further discussions between professional and policy colleagues about the potential options, which must include the possible need for external support to be provided to the Belfast Trust and independent scrutiny of their safeguarding processes. We would be happy to meet with you to discuss the options once formulated.

Contingency planning

7. The second issue is the need to expedite current contingency planning given the growing likelihood of further suspensions and our associated concerns about the impact of this on the continuing viability of services at Muckamore.

8. As mentioned earlier, we had already tasked the HSCB with supporting Trusts to develop contingency plans for the closure of some MAH services. We understand that you have already contacted three of the Trust Chief Executives seeking their plans by next week, following a discussion with the Chief Executive and Deputy Chief Executive of the Belfast Trust yesterday on this issue. A draft follow up letter is attached at **Annex A**.

Recommendation

9. It is recommended that you:
- (i) Note the concerns raised by the PSNI regarding 9 members of staff arising from their viewing of PICU CCTV footage;
 - (ii) Note the urgent need to ensure the separation of safeguarding decision making from the operational management of Muckamore;
 - (iii) Note that the HSCB has been tasked with urgently drawing up a process map of current safeguarding processes at Muckamore to inform potential options; and
 - (iv) Further to your discussions, agree to write to Trust Chief Executives along the lines of the draft attached at **Annex A** seeking their contingency plans by next week.

Sean Holland/

Charlotte McArdle

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DoH Press Office

Chief Executives of BHSCT, SHSCT, SEHSCT, NHSCT
and WHSCT

Date: xx September 2019

Dear

MUCKAMORE ABBEY HOSPITAL

You will all be acutely aware of the growing pressure on the services currently being provided at Muckamore Abbey Hospital, and the strenuous efforts being made by the Belfast Trust to ensure that they remain safe, effective and human rights compliant.

You will also be aware of recent reports regarding the potential for further suspensions as the criminal investigation progresses. Clearly, any further suspensions could reduce the Belfast Trust's capacity to continue to provide services at Muckamore, and as such it is my view that we must now expedite the work already underway to plan for the possibility that it may simply not be possible to sustain them into the future.

I appreciate the many competing pressures you are all facing, but in view of the circumstances and the issues emerging from Muckamore, I am now formally requesting that this work is prioritised within your organisations and that your contingency plans are submitted to me by Friday, 13th September.

I am copying this letter to Valerie Watts, HSCB.

Yours sincerely

RICHARD PENGELLY

Muckamore Departmental Assurance Group (MDAG) Meeting 1 October 2019

Highlight Report

Ref: MDAG – H2

MDAG Highlight Report	
MDAG Objectives	<ul style="list-style-type: none"> i. The services being delivered at Muckamore continue to be safe, effective and fully Human Rights compliant; ii. The commitment given by the Permanent Secretary to resettle patients is met, and the issue of delayed discharges is addressed; iii. The team on site at Muckamore is given the support and resources necessary to achieve their goals; and iv. The lessons learned from Muckamore (including the Serious Adverse Incident report) are put into practice consistently on a regional basis in line with wider policy on services for people with learning disabilities, and also inform the work underway to transform Learning Disability services in each Trust.

Update
<p><u>Safeguarding/Police Investigation</u></p> <ul style="list-style-type: none"> • Belfast Trust internal disciplinary processes have been paused to enable PSNI to complete interviews with staff and avoid any potential prejudice or adverse impact on the criminal investigation. • Viewing of historic CCTV footage is continuing, with further referrals made by the PSNI for further investigation. • The most recent figures available (as of 26 September) show 31 staff suspensions (16 nurses; 15 healthcare assistants). <p><u>Resettlement/Delayed discharges</u></p>

- At 3 September 2019, there were 59 in-patients in Muckamore Abbey Hospital (6 on trial resettlement). Excluding 16 forensic patients, 2 required ongoing assessment and treatment.
- An estimated 18 patients have discharge dates over the next two months with 9 patients due to move into the new Cherryhill development.
- The Clinical Director of the Belfast Trust is continuing to meet monthly with senior colleagues from each Trust focusing on making progress with discharges and a detailed monthly report highlighting their discharge plans is being developed.
- The regional operational group, chaired by the Health and Social Care Board, has been established and the first meeting took place on 14 September.
- Once agreed, the Terms of reference for this group will be tabled at MDAG.

Stabilisation/Contingency Planning

- The Belfast Trust are working to implement measures to address the issues identified in the Regulation and Quality Improvement Authority improvement notices on 16th August in relation to staffing, safeguarding and finance.
- The Belfast Trust are now providing a daily report to the Department on staffing levels within the hospital.
- A former Director of Nursing and Health and Social Care Trust Chief Executive has been appointed as professional advisor to assist stabilisation process, reporting to the Public Health Agency, and is now in post. Consideration is being given to proposals to enhance nurse staffing levels in the hospital, and also review levels of observations.
- Funding has been secured for the regional bed manager post, based in the Belfast Trust, to establish agreements/protocol/consistency/bed management arrangements. This can now proceed to recruitment.
- Four Trusts have provided their Contingency Plans to the Health and Social Care Board, with the Western Trust's plan in development.

HSC MAH Action Plan

- Since MDAG meeting on 30 August 2019, inputs have been received from the Health and Social Care Board and the Belfast Trust.
- Revised draft action plan tabled for discussion at meeting on 1 October.

Learning Disability Service Model Transformation Project

- Transformation funding provided to the Health and Social Care Board and Trusts in 18/19 and 19/20 to design and develop new Learning Disability Service Model and costed implementation plan, supported by systems dynamic modelling.
- An engagement workshop with the All Party Group on Learning Disability was held in Parliament Buildings on 17th September.
- All workshops, regional stakeholder and staff engagement events due to finish by end of September.
- Intensive work planned during October to produce a high level draft model for consideration by Project Steering Group at end of October.
- A Systems Modelling Event for Health and Social Care staff is scheduled for 30th September.

Independent Review of Acute Care services

- Expedited work stream of the Learning Disability Service Model Transformation project, commissioned following the Serious Adverse Incident report.
- Review has been completed, and a draft report is being finalised by the independent panel who carried out the review.

Leadership and Governance Review

- Terms of Reference circulated to MDAG and on agenda for meeting on 1 October (as per 30/08/AP6)



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12 September 2019

DRAFT

Plans for Belfast Trust patients currently in Muckamore Abbey Hospital

1. Executive Summary
2. Current Position
3. Long term Plan (planned resettlement in line with current timescales)
4. Medium-term Plan
5. Immediate Plan
6. Conclusion

1 Executive Summary

The Belfast Trust, along with other Trusts, are currently planning for the resettlement of patients in Muckamore Abbey Hospital (MAH) and have an agreed resettlement plan.

Our aim is to provide a safe and sustainable service with appropriate staffing levels at MAH to allow this current resettlement plan to be delivered in line with regional strategy. The Belfast Trust continues to work with the other Trusts to accelerate this resettlement plan which would provide for resettlement within a reduced 9 month period (medium term). However, this will require a sustainable staffing model at MAH during this time. In the event that this is not sustainable due to workforce issues (as a result of vacancies, sickness and/or further suspensions of staff working in the unit), this would necessitate moving to an immediate plan to more urgently temporarily relocate all patients ahead of their final placement.

Any changes would require regional commitment as well as staff, patient and family support in order to deliver minimal disruption to patients in MAH. A partnership approach with NISCC and RQIA would also be vital to ensure this plan can be delivered.

2 Current Position

2.1 Background

Muckamore Abbey Hospital (MAH) provides inpatient, assessment and treatment facilities for people with severe learning disabilities and mental health needs, forensic needs or challenging behaviour and is managed by the Belfast Trust on behalf of the region. Patients from Belfast, Northern and South-Eastern Trusts form the majority of patients and a small number of patients are from Southern and Western Trusts.

An adult safeguarding investigation was initiated in September 2017, following reports of inappropriate behaviour and alleged physical abuse of patients by staff in two wards in Muckamore Abbey Hospital. Following further information becoming available regarding safeguarding concerns, the investigation was extended, with PSNI

undertaking a criminal investigation. Subsequently, the Trust commissioned a review by an Independent Assurance Team and the following recommendations identified:

- No one should have to live their lives out in hospital – the report recommends a renewed commitment to enabling people with learning disabilities and autism to have full lives in their communities
- Deliver robust multi-disciplinary community services which recognise the full range of needs of people and families throughout their lives
- Assessment and treatment units closer to home and effective long term quality accommodation options

In line with the ongoing investigation, the Belfast Trust has restricted the level of unplanned admissions and have maintained a safe, operational environment with the support of bank and agency nursing staff alongside a small pool of permanent staff. While significant work has been undertaken to deliver improvements in leadership and management on-site, an on-going recruitment programme and advocacy and governance arrangements, there continues to be concerns about the ability of sustaining safe staffing levels on site.

Resettlement of patients in a community setting remains a primary objective for MAH patients and their families. A decade ago, several hundred patients were resident in Muckamore but in recent years with Departmental funding and significant agency collaboration between the Trusts, Housing Associations and Housing Executive, the majority of patients have relocated to a community setting.

Currently, MAH has 60 patients (6 of these patients are on trial placement). Only 6 of the remaining 54 patients are in receipt of medical treatment. 48 patients are all medically fit for discharge and further detailed planning has been undertaken to identify planned permanent resettlement homes for the majority, but not all, of these patients. In some cases, patients have had one or more failed placements outside MAH and have returned to the hospital (see Tables 1.0 and 2.0).

Belfast Trust has 23 patients in MAH, of which 3 are on trial placement. 5 of the remaining 20 patients have resettlement dates agreed before 31 December 2019, a further 6 have resettlement dates by June 2020 and plans are under development for the remaining 9 patients (see Table 2.0).

Table 1 Remaining Patients by ward and Trust of origin

Count of Name Current Ward & Description	Trust of Residence					Grand Total
	BELFAST TRUST	NORTHERN TRUST	SOUTH EASTERN	SOUTHERN TRUST	WESTERN TRUST	
ARDMORE (female)	10	5				15
CRANFIELD 1 (male)	2	5	2			9
CRANFIELD 2 (male)	3	8	2			13
ERNE (mixed, complex)	2	4	3			9
SIXMILE ASSESSMENT (mainly forensic)	2	1	1		0	4
SIXMILE TREATMENT (mainly forensic)	4	2	2	1	1	10
Grand Total	23	25	10	1	1	60*

* 6 patients on trial discharge (2-4 week trial)

2.2 Workforce

The Trust's ability to sustain safe staffing levels in Muckamore Abbey Hospital is a critical factor in ensuring the safe ongoing care of patients in the hospital. Over 35 agency nursing staff have been in place for over 6 months providing continuity of care and further additional agency staff have been identified to commence work in late September and October 2019. Combined with a reducing patient cohort, this will help support retention of services on a reconfigured MAH site.

3 Long term Plan (planned resettlement in line with current timescales)

Belfast Trust has 23 patients in MAH, of which 3 patients are on trial resettlement. Five of the remaining 20 patients have resettlement dates agreed before 31 December 2019, a further 5 have resettlement dates by June 2020 and plans are under development for the remaining 10 patients. The current resettlement dates, as understood by BHSCT, for all Trusts are identified in Table 2.

Table 2 Plans for Resettlement for remaining MAH patients

Trust	Trial Leave	PROPOSED RESETTLEMENT DATES					April-June 2020	No current placement identified	Total
		Sept 2019	Oct 2019	Nov 2019	Dec 2019	Jan-Mar 2020			
Belfast	3	1	3	0	1	0	6	9	23
Northern	3	2	6	2	1	1	7	3	25*
S-Eastern	0	1	2	1	0	0	2	4	10
SHSCT/ WHSCT							2		2
Total	6*	4	11	3	2	1	17	16	60

* 6 patients on trial discharge (2-4 week trial)

Placements are planned carefully and include trial arrangements to ensure residents are content and settled before being finally discharged from hospital. Resettlement dates take account of a range of factors including any planning implications, accommodation availability, purchase/ refurbishment timescales, staffing availability and assumptions around placement success. With community resettlements, placements can be disrupted despite best planning intentions. In some cases, patients have had one or more failed placements outside MAH and have returned to the hospital.

Resettlement of forensic patients requires detailed multi-agency working to find suitable accommodation and the majority of this group of patients have resettlement dates in April-June 2020. Finding alternative accommodation for this group is particularly challenging and is not readily available elsewhere.

4 Medium-term Plan

Belfast Trust are working with other Trusts in order to accelerate the current resettlement programme within a nine month period to 30 June 2020. This requires the delivery of a safe operational service at MAH for the next 9 months. The key to this is our ability to retain safe staffing levels on the site.

4.1 Staffing Consideration

In order to deliver appropriate and sustainable staffing, there has been some discussion regionally on how to ensure a safe and sustainable workforce is delivered on the MAH site for the next 9 months:

- i) **Stabilise MAH until 31/3/2020 by additional agency/bank recruitment while Trust resettlement plans completed**
- ii) **Stabilise MAH until 31/3/2020 - Create a regional staff team to manage current wards in MAH while Trust resettlement plans completed**
- iii) **Stabilise MAH until 31/3/2020 – Create regional staff team to manage own Trust patients in separate wards in MAH while Trust resettlement plans completed**

These are considered below:

- i) **Stabilise MAH until 31/3/2020 by additional agency/bank recruitment while Trust resettlement plans completed**

The Trust's ability to sustain safe staffing levels in Muckamore Abbey Hospital is a critical factor in ensuring the safe ongoing care of patients in the hospital. Over 35 agency staff have been in place for > 6months, providing continuity of care and additional staff have been identified for start dates in late September and October. Combined with a reducing patient cohort, this will help support retention of services on a reconfigured MAH site.

Table 3 Additional agency/bank recruitment consideration

Benefits	Challenges
Maintains patients in existing MAH hospital until permanent move is available, thereby limiting disruption to vulnerable group of patients	Maintaining and monitoring safe operational environment with a short-term, constantly changing workforce.
Maintains existing relationships between patients and with permanent staff, supplemented by agency staff	A pool of available agency trained staff for specialist needs, which has been sourced in NI & GB. Most recent work confirms a number of additional agency staff are available. Up to ten will be available to commence work late September early October 2019
Utilises the purpose-built accommodation resource on MAH site, with the regional forensic service on-site	Potential to be tested of a similar bank staff arrangement as per regional emergency department arrangement



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ii) Stabilise MAH until 31/3/2020 - Create a regional staff team to manage current wards in MAH while Trust resettlement plans completed

All Trusts (Belfast, Northern, South-Eastern) would seek to allocate (pro-rata) staff to work in Muckamore, with patients remaining in existing wards. This would require a partnership agreement including colleagues from RQIA to ensure staffing arrangements at local Trust-level are considered a safe level appropriate to the care needs of the patient population. Also, the service would conduct explorative conversations with RQIA regarding the potential registration changes in line with their standards for Erne ward.

Table 4 Consideration of a regional staff team to manage current wards

Benefits	Challenges
Recognises shared regional commitment to provision of safe, operational environment for all patients	All Trusts have recruitment/retention issues within existing services, especially qualified nursing staff. Requires HR and Trades Unions support to deliver.
Will still need agency staff, but provision of regular Trust staff will provide more relationship continuity for patients	Any change to registration of facilities will be challenging and may not be achievable in a condensed timeframe.
Maintain patients in existing home until permanent move is available, limits disruption to vulnerable group of patients	Distance to Muckamore for staff travelling may reduce willingness to cover.
Will help prevent greater disruption within individual Trusts due to local staffing reprioritisation eg less disruption on respite services	
Utilises the purpose-built accommodation resource on MAH site, with the regional forensic service on-site	

iii) **Stabilise MAH until 31/3/2020 – Create a regional staff team to manage own Trust patients in separate wards in MAH while Trust resettlement plans completed**

All Trusts would care for their own patients in individual wards in MAH, taking responsibility for their own patients and building local relationships ahead of the planned resettlement arrangements (n/a for Southern and Western). This might also include a separate ward for forensic patients. Where patients from several Trusts are moving into one facility on a Trust site, then these patients could be based in a shared ward with the relevant Trust Team eg patients planned to resettle in the ‘Mallusk’ development could all be based in the NHSCT ward area.

Table 5 Consideration of a regional staff team to manage own Trust patients in separate wards

Benefits	Challenges
Recognises shared commitment to provision of safe, operational environment for all	Would require patients to move between MAH wards, may be unsettling
Removes (largely) need for agency staff, providing more relationship continuity for patients	Patients with different needs being ‘accommodated’ together may not be appropriate; access to medical consultant & MDTs to be managed
Individual Trust teams will benefit from building relationship with own patients and may be more supported by staff	All Trusts have recruitment/retention issues within existing services
Maintain patients in existing home until permanent move is available, limits disruption to vulnerable group of patients	Distance to Muckamore for staff travelling may reduce willingness to cover
Will help prevent greater disruption within individual Trusts due to local staffing reprioritisation eg less disruption on respite services	

4.2 Service Consideration

For both the current resettlement plan and any accelerated plan, investment will be necessary in the following service developments.

Table 6 Resettlement plan service requirements

	Actions	Timeframe	Owner
1	Develop Belfast Assessment and Treatment services to accommodate severe patients. Ongoing access to other regional facilities will continue to be required.	As soon as possible	Trust DoH HSCB
2	Funding and establishment of Belfast Community Services (Home Treatment)	As soon as possible	Trust DoH HSCB
3	Identify future management arrangements for forensic patients.	As soon as possible	Trust DoH HSCB
4	Identify new Providers to deliver specific patient needs and provide future resettlements	As soon as possible	Trust DoH HSCB
5	Establishment of site-based clinical multi-professional teams	As soon as possible	Trust DoH HSCB

In order to retain appropriate and safe staffing levels, the practical solution to achieving this may well be a combination of the three potential solutions outlined above. These require detailed exploration with other Trusts and this can be progressed rapidly.

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5 Immediate Plan

In the event that services at Muckamore Abbey Hospital cannot be sustained during the resettlement programme, due to workforce issues (as a result of vacancies, sickness and/or further suspensions of staff working in the unit), this would necessitate moving to an immediate plan to more urgently temporarily relocate all patients ahead of their final placement.

The Trust has therefore identified a number of key actions that need to be progressed as a matter of urgency to enable the appropriate infrastructure to be in place to enable this to happen. Following regional consideration of this paper, the Trust Executive Team would move forward to implement this plan.

Table 7 Actions required to establish a Contingency Plan for Immediate Closure and Consideration of Impact

	Actions	Impact/consideration	Timeframe	Owner
1	Communication of cessation of Admissions to MAH (to GPs, RESWs, ASWs etc) & agree pathway for alternative emergency admissions for BHSCT patients	Increased demand on other regional Learning Disability facilities eg Dorsy Unit (SHSCT), Lakeview (WHSCT) for small number of emergency admissions – assume 1 per month and increased pressure on BHSCT services.	Immediate	Trust(s), following DoH agreement. to manage own need and agree regional access
2	If a decision taken to close unit, a Workforce Plan for all staff groups is required to consider potential transfer of staff (MDT staff teams)	Potential transfer of MAH staff to other Trusts; Potential transfer of MAH staff to other BHSCT sites	Immediate	Trusts
3	Implementation of the <i>'Protocol for the Transfer of Community Adult Learning Disability Service Users between Trusts.'</i> All	Local impact on maintaining other services due to need to provide sustainable local staffing for relocated patients with complex needs.	Immediate	Trust(s)

	Trusts are responsible for own patients from agreed transfer date			
4	<p>Communications:</p> <p>With staff & staff side, patients, families, advocacy and carers.</p> <p>With Providers to accelerate plans</p> <p>Communication Plan to be updated and delivered.</p>	<p>Ensure 2-way appropriate communication to avoid misinformation and ensure delays minimised.</p> <p>Extend advocacy and carer arrangements.</p> <p>Ensure key messages communicated to all stakeholders</p>	Immediate	Trust
5	<p>Query potential to re-register small number of MAH Ward(s) for re-registration to a nursing facility for continuing care patients. Requires further urgent action with RQIA & NISCC. Appropriate staff team will be identified.</p>	<p>Enable complex and forensic patients to be accommodated on MAH site until placement dates complete, in line with clinical advice regarding impact on patient group.</p>	Immediate	Trust RQIA NISCC
6	<p>Assess potential relocation of BHSCCT continuing care patients to available wards on Knockbracken site for fixed term period until resettlement complete. Capital works will be required. Staffing to be confirmed. Staff side engagement required.</p>	<p>Reconfiguration and investment in ward accommodation is required. Current ward environment is not as appropriate as MAH.</p> <p>Several wards required due to differing patient needs.</p> <p>Impacts on other services accommodation plans</p>	Immediate	Trust

caring supporting improving together

7	Forensic patients (low secure environment required). Approx. 4 current patients. Consider use of Clare ward but currently female places only available.	Significantly impacts on mental health services and additional accommodation will be required. Reconfiguration and investment in ward accommodation is required. Current ward environment is not as appropriate as MAH.	Immediate	Trust
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Table 8 summarises the initial concerns identified in limited internal discussion.

Table 8 Immediate Plan – Benefits and Challenges

Challenges
Clinical advice that interim moves will have a detrimental impact on patient mental health and behavioural response
Disruption would also be distressing for families. Knockbracken facilities are not purpose-built for needs of learning disability patients.
Trusts would need to move patients into temporary accommodation until permanent facility available or consider alternative facilities eg Bluestone/Dorsy. This is particularly challenging for forensic patients.
Staffing would have to be reprioritised from other areas including community to ensure 24/7 care can be provided with implications for wider service delivery, eg, respite availability/ day centres.
A number of patients with forensic backgrounds will require specific arrangements.
Future urgent admissions pathway required.

6 Conclusion

The Belfast Trust, along with other Trusts, are currently planning for the resettlement of patients in Muckamore Abbey Hospital (MAH) and have an agreed resettlement plan.

Our aim is to provide a safe and sustainable service with appropriate staffing levels at MAH to allow this current resettlement plan to be delivered in line with regional strategy. The Belfast Trust continues to work with the other Trusts to accelerate this resettlement plan (medium term) which would provide for resettlement within a reduced 9 month period.

However, this will require a sustainable staffing model. In the event that this is not sustainable due to workforce issues (as a result of vacancies, sickness and/or further suspensions of staff working in the unit), this would necessitate moving to an immediate plan to more urgently temporarily relocate all patients ahead of their final placement.

Any changes would require regional commitment as well as staff, patient and family support in order to deliver minimal disruption to patients in MAH. A partnership approach with NISCC and RQIA would also be vital to ensure this plan can be delivered.

In recognition of the urgent requirement for the development of this paper, Belfast Trust acknowledges the need for rapid and detailed discussion with patients, families and carers, staff, staff side, regional colleagues and all other groups associated with ensuring the welfare of the patients who are in our care.

Muckamore Abbey Hospital (MAH)**Northern HSCT Contingency Plan****12th September 2019**

The NHSCT currently has 25 patients registered as in-patients at MAH as of 6th September 2019 (19 admitted for assessment and treatment; 3 on trial leave; and 3 Forensic in Sixmile). Plans are underway to progress discharges for all 25 patients by August 2020.

It should be noted that any further admissions / readmissions will be additional to these figures. Early engagement with carers and advocacy services is required to share this proposed model and develop it further.

Dates 2019/2020	Mental Health / Challenging Behaviour		Forensic - Sixmile	
	Number of People planned to be discharged during month	Number remaining in MAH by end of month	No. of People planned to be discharged during month	No. Pts remaining at end of month
September	5	17	0	3
October	6	11	0	3
November	2	9	0	3
December	5	4	0	3
March – June	3	1	3	3
Post June	1	0	0	0

	OPTION ONE :JOINT MANAGEMENT OF MAH TO CLOSURE	ACTIONS	BENEFITS	RISKS AND ISSUES
1.	<p>Short – medium term. Three Trusts (BHSCT, SEHSCT, NHSCT) work jointly to ensure safe and effective care in MAH. Focus on reducing numbers of patients on MAH site including the development of alternative admission and treatment options.</p>	<p>Cross Trust oversight and governance team to be put in place.</p> <p>a. Community LD staff to be identified to support delivery of service in MAH</p> <p>And/or</p> <p>b. Community LD staff to be identified to support placements which have been identified to ensure timely, high quality, safe discharges.</p>	<p>Least disruptive and safest option for current patients who would continue to be cared for by the staff who know them. Most likely to be acceptable to carers. Joint ownership of progress.</p> <p>Allows for continuity of care for patients on MAH site.</p> <p>Enhance ability to sustain services at MAH.</p> <p>Create more timely, high quality discharges.</p>	<p>Joint accountability leading to more diffuse responsibility for actions</p> <p>Balanced approach required to avoid destabilising community teams which could in turn destabilise community placements which lead to more admissions.</p> <p>Governance issues and indemnity to be explored.</p> <p>Reduce responsibility of partner providers to actively progress recruitment leading to unhelpful dependence on NHSCT staff. Note: reduction in costs to reflect Trust support.</p>

<p>Short Term: Requests for new admissions under MHO to be facilitated by MAH. If MAH does not have capacity to admit, LD bed sought in SHSCT or WHSCT. ECR sought if no LD bed available in NI.</p>	<p>Bed protocol will be urgently required to enable safe discharge of statutory functions under MHO.</p>	<p>Safe discharge of stat functions.</p>	<p>Clarification required re role and function of NISCC registered staff on hospital wards and duties required to carry out RQIA agreement required</p> <p>Insufficient staff within NHSCT LD services to do both a and b together.</p>
<p>Short Term; Ongoing support for community placements to maintain people at home and reduce admissions.</p>	<p>Possible diversion of current bed based services such as specialist respite services to provide assessment and intervention in community if admission under MHO not required.</p>		<p>Numbers increase on site at MAH – rather than reducing. Pressures across all LD inpatient units may make it difficult to access admissions.</p> <p>Would require stopping planned respite which would be very unpopular with families and could lead to carer breakdown and possible demand for admissions.</p>

Short to Medium Term:
New NHSCT admissions to be dealt with through new NHSCT assessment and treatment unit away from MAH site.

New NHSCT assessment and treatment unit will be identified (option for use of vacant ward on Whiteabbey site to be explored). Require building work to be scoped and transfer of resources agreed with BHSCT. Forensic patients to continue to be cared for by BHSCT on a Regional basis.

Allows for discharge delegated statutory functions under MHO. Allows numbers in MAH to decrease to facilitate closure of wards as appropriate.

May be easier to maintain staff levels than current units in Muckamore due to the stigma now attached to Muckamore.

DoH statement of support required.

Challenges of a standalone unit without the backup of other wards/services.

Financial allocations for inpatient services across Trusts will require review.

Staff: Need to maintain services in MAH to facilitate discharge of PTL and Complex Discharge patients. Staff availability to staff this unit, MAH and new services which are developing as community placements. Recruitment issues to be explored.

Some **Capital** work may be required.

RQIA: unit will need to be registered as a hospital.

	OPTION TWO : ALL TRUSTS TAKE RESPONSIBILITY FOR OWN COHORT TO CLOSURE	ACTIONS	BENEFITS	RISKS AND ISSUES
2	<p>Short Term; Each Trust assumes responsibility for a unit on MAH site for their patients and takes responsibility for care, treatment and discharge planning.</p> <p>Short Term; New NHSCT admissions to be admitted to the NHSCT Unit at MAH (excepting forensic patients who would be supported by BHSCT).</p> <p>Short to Medium Term; New NHSCT admissions to be dealt with through new NHSCT assessment and treatment unit off MAH site by March 2020.</p>	<p>Patients cohorted by Trust.</p> <p>NHSCT take responsibility for management of one unit. 22 beds for NHSCT (3 on Trial leave). Focus in this unit on resettlement.</p> <p>3 NHSCT patients remain in Regional LD Forensic Unit (currently in Sixmile) which stays with BHSCT.</p> <p>From April 2020, no new NHSCT admissions to the MAH unit. All new admissions to new NHSCT asst and treatment unit. From September 2019 to</p>	<p>All Trusts maintain a presence on the MAH site. Safer option for patients than being cohorted in unfamiliar environment off site.</p> <p>Ultimately allows for closure of MAH site in 2020 (assuming all Trusts can develop similar contingencies).</p> <p>Development of a local assessment and treatment unit within NHSCT – in keeping with Bamford Vision</p>	<p>Risk in cohorting patients by Trust rather than need during period from now to closure. Need for gender considerations in cohorting.</p> <p>Challenge associated with multiple Trusts running units on one site.</p> <p>Corporate support services will need to continue to be delivered by BHSCT.</p> <p>HR & Recruitment issues re staff in MAH.</p> <p>Reputational risk to NHSCT due to ongoing PSNI investigations. Impact of media interest. Public confidence in the service on MAH site.</p> <p>Challenge in maintaining sufficient staff to run both Resettlement ward on MAH and assessment and treatment ward.</p>

<p>BHSCT retain responsibility for Regional Forensic LD service networked with Shannon.</p>	<p>March 2020 – all new admissions to be admitted to MAH as per current practice (as detailed in Option 1).</p> <p>Sixmile patients move to unit on Knockbracken to free units on MAH site.</p>	<p>Connectivity with only other Regional Forensic Service</p> <p>Patients may cope with sudden move off site more readily than Cranfield, Erne or Ardmore patients.</p>	<p>Many stakeholders involved.</p>
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	OPTION THREE :MAJOR INCIDENT - RAPID CLOSURE OF MUCKAMORE ABBEY	ACTIONS	BENEFITS	RISKS AND ISSUES
1.	<p>The hospital has to be closed at short notice, the site vacated and alternative accommodation found for circa; End September - 20 patients. End October – 14 End November – 12 End Dec on - 7</p>	<p>End September</p> <p>1) Cancel respite services in Ellis Court Carrickfergus, Hollybank Magherafelt and Fairways Coleraine. These provide 17 beds however given the additional needs of the Muckamore population it is felt that they could accommodate 10 patients maximum.</p>	<p>These environments can be emptied quickly and they have been designed for people with LD and challenging behaviours.</p> <p>Availability of staff experienced in managing people with highly challenging behaviours.</p>	<p>High probability of SAls arising from;</p> <ul style="list-style-type: none"> • Patients reaction to a new environment • Patients being cared for by staff whom they do not know • Patients being cared for by staff who do not understand their needs.

			<p>For these reasons it's likely that relatives would fiercely resist this option.</p> <p>Given the high risks of new environments & moving and the number of dispersed facilities this option would require significantly more staff than maintaining the patients safely in Muckamore</p> <p>Would require stopping planned respite which would be very unpopular with families and could lead to carer breakdown and possible demand for admission.</p> <p>These beds are also used in emergency to prevent admissions to Muckamore – they would no longer be available for this purpose.</p>
	<p>2) BHSCT have advised that they are looking at re-providing the forensic services on Knockbracken this would accommodate 3 patients.</p>	<p>This would allow these patients who potentially are at high risk of offending to be cohorted and managed by specialist staff.</p>	<p>Would this be available from September? Will staff transfer to knockbracken?</p>
	<p>3) Ward 10 in Whiteabbey. Issues with accommodation which</p>	<p>This accommodation is currently vacant.</p>	<p>High risk of SAIs arising from;</p> <ul style="list-style-type: none"> • Patients reaction to a new environment

would have to be mitigated by additional staffing and Short Term expedients. 7 Patients

- Patients being cared for by staff whom they do not know
- Patients being cared for by staff who do not know them.

There are no LD staff in this environment so we would have to largely rely on staff transferring from Muckamore.

Additional staff would be needed to manage the transition, diseconomies of scale and to counter risk associated with the environment. If not sufficient from Muckamore would look to turn down other community activity to facilitate staff working in.

Would need to take some expedient estates measure to the environment to help with safety which would not be ideal.

For all the above we would have to proceed to use these premises in the absence of RQIA registration for these purposes.

End October; 1), 2) & 3) above.

		<p>End November; 1) & 2) above</p> <p>End of December 1) & 2) above</p> <p>End of January 2) above and Ward 10 in Whiteabbey. Issues with estates having been addressed.</p>		<p>Normal estates procurement procedures may have to be breached to facilitate rapid estates work.</p>
	<p>Need for new admissions of people with a SLD</p>			
	<p>September, October, November, December: bed sought in SHSCT or WHSCT. ECR sought if no LD bed available in NI.</p>	<p>Bed protocol will be urgently required to enable safe discharge of statutory functions under MHO.</p>	<p>Safe discharge of stat functions.</p>	<p>Unlikely to be sufficient beds regionally.</p>
	<p>End of January admitted to new NHSCT assessment and treatment unit. These would have to be registered as hospital beds to facilitate admissions under the MHO.</p>	<p>Working with BHSCT to facilitate staff being transferred to the NHSCT to help support delivery of services in Whiteabbey. Normal estates procurement procedures may have to be</p>	<p>Safe discharge of stat functions.</p>	<p>Very short time frame to deliver a new unit.</p>

breached to facilitate rapid estates work.

Need for new admissions of people with MLD

These would be facilitate through adult mental health beds except for Forensic Patients who would be admitted to a unit in Knockbracken.

Requirement for transfer of LD medical staff to help support admissions to general adult beds and to new Assessment and Treatment unit

Safe Discharge of statutory functions

Would exacerbate difficulties accessing adult MH beds.

These people are open to LD services due to additional complex needs and we would require specialist services to work in.

Briefing Paper: Contingency Options Appraisal



Background:

SEHSCT currently has 10 patients registered as in-patients at MAH as of 6th September 2019. Plans are underway to progress discharges for all 10 patients by August 2020.

Dates 2019/20	Mental Health / Challenging Behaviour		Forensic - Sixmile	
	Number of People planned to be discharged during month	Number remaining in MAH by end of month	No. of People planned to be discharged during month	No. Pts remaining at end of month
September	2	6	0	2
October	1	5	0	2
November	1	4	0	2
December	0	4	0	2
Jan – March	0	4	0	2
Post March	4	0	0	2



Contingency Options Appraisal:

****Please note that appraisal below is for the existent Patient Population consideration also must be taken in context of new patients****

Option one:

- **SET proving support to BHSCT on Muckamore site**

OPTION ONE :SET proving support to BHSCT on Muckamore site	ACTIONS	BENEFITS	RISKS AND ISSUES
<p>Three Trusts (BHSCT, SEHSCT, SEHSCT) work jointly to ensure safe and effective care in MAH. Focus on reducing numbers of patients on MAH site including the development of alternative admission and treatment options.</p>	<p>Cross Trust oversight and governance team to be put in place.</p>	<p>Least disruptive and potentially safest option for current patients who would continue to be cared for by the staff who know them. Most likely to be acceptable to carers. Joint ownership of progress.</p> <p>Allows for continuity of care for patients on MAH site.</p>	<p>Joint accountability leading to more diffuse responsibility for actions</p>

	<p>a. SET Community LD staff to be identified to support delivery of service in MAH</p> <p>OR</p> <p>b. Community LD staff to be</p>	<p>Enhance ability to sustain services at MAH.</p> <p>Create more timely, high quality discharges.</p>	<p>Current SET community service provision could be destabilised. Current service may have to stood down (Day care/ respite) to free up staff to work on Muckamore site, which could significantly impact on community placements which may then lead to an increase admissions.</p> <p>Staffing issues – sensitivities of staff concerns moving to Muckamore site – cross Trust HR issues.</p> <p>Governance issues and indemnity to be explored.</p> <p>Clarification required re role and function of NISCC registered staff on hospital wards and duties they may be required to carry out.</p> <p>Discussion should be held between Belfast Trust and RQIA about possible reregistration of MAH wards from hospital to temporary Nursing home/residential status.</p> <p>Reduce responsibility of independent sector providers to</p>

	<p>identified to support potential community placements which have been identified to ensure timely, high quality, safe discharges. -</p>		<p>actively progress recruitment for placements leading to unhelpful dependence on SEHSCT staff. Note: reduction in costs to reflect Trust support.</p> <p>Insufficient staff within SEHSCT LD services to do both a and b together.</p>
<p>Requests for new admissions under MHO to be facilitated by MAH. If MAH does not have capacity to admit, LD bed to be sought in SHSCT or WHSCT. ECR sought if no LD bed available in NI.</p>	<p>Regional Bed protocol is urgently required to enable safe discharge of statutory functions under MHO.</p> <p>Southern and Western Trusts potential to urgently resettle any delayed discharge or long stay individuals from their LD wards to create protected capacity for very small number of MHO admissions from South Eastern, Northern & Belfast Trusts if required. Their ability to step up</p>	<p>Safe discharge of stat functions under the MHO.</p>	<p>Lack of clear pathway for acute Hospital admission will result in Trust unable to discharge its statutory function under MHO</p> <p>Pressures across all LD inpatient units may make it difficult to access admissions.</p> <p>There are currently no</p>

	<p>additional beds will need also to be considered.</p> <p>HSCB should urgently seek arrangements with acute services outside of N.I. to provide acute care if required as the ECR Process cannot respond in emergency situations, especially out of hours</p>		<p>arrangements in place for acute out of N.I. placements should these be required.</p>
<p>Ongoing support for community placements to maintain people at home and reduce admissions.</p>	<p>Possible diversion of current bed based services such as specialist respite services in the community to provide assessment and intervention in community if admission under MHO not required.</p>		<p>As above, would require stopping planned respite which would be very unpopular with families and could lead to carer breakdown and possible demand for admissions.</p>
<p>New SEHSCT Community Assessment and Treatment Unit away from MAH site to be established. This will significantly reduce the demand</p>	<p>New SEHSCT assessment and treatment unit for 6 people to be developed- Business</p>	<p>This unit will manage crisis situations within the community setting reducing the need for acute admissions. It will assist families and</p>	<p>Challenges of a standalone unit without the backup of other wards/services. Capital and significant revenue</p>

<p>for acute hospital beds and sustain community placements</p> <p>SEHSCT will require to employ Psychiatrists to provide this service Belfast Trust psychiatry resource aligned to SET will have to be redeployed to SET as this Trust has no LD psychiatrists. A Clinical Lead will need to be identified.</p>	<p>Plan being completed.</p> <p>Forensic patients to continue to be cared for by BHSCT on a Regional basis.</p>	<p>provider organisations to maintain placements going forward.</p> <p>The unit will assist in supporting the return to SET of a service user currently on an ECR placement.</p>	<p>funding required.</p> <p>Staff will need to be employed (and/or redeployed from Belfast Trust) with appropriate skill set</p> <p>Registration requirement for unit to be explored with RQIA-</p> <p>Challenge in appointing staff to the assessment & treatment unit and maintaining sufficient staff to run both Resettlement ward on MAH and assessment and treatment unit</p>
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Option Two:

TRUST TAKES RESPONSIBILITY FOR OWN COHORT TO CLOSURE

OPTION TWO : TRUSTS TAKE RESPONSIBILITY FOR OWN COHORT TO CLOSURE	ACTIONS	BENEFITS	RISKS AND ISSUES
<p>Each Trust assumes responsibility for a unit on MAH site for their patients and takes responsibility for care, treatment, staffing and discharge planning. This will be carried out with the support of existing MAH staff.</p>	<p>Patients cohorted by Trust.</p> <p>SEHSCT take responsibility for management of one unit. 7 beds for SEHSCT Focus in this unit on resettlement.</p> <p>1 patient currently being supported in a separate unit onsite. This would have to be maintained.</p> <p>2 SEHSCT patients remain Regional LD Forensic Unit (currently in Sixmile) which stays with BHSCT. Potential for Belfast Trust to relocate to Knockbracken site.</p>	<p>All Trusts maintain a presence on the MAH site. Safer option for patients than being cohorted in unfamiliar environment off site.</p> <p>This option is preferred to support our staff in current sensitivities to work on the MAH site. Removes complex cross Trust HR issues</p> <p>Ultimately allows for resettlement of all Long stay patients off the MAH site in 2020 (assuming all Trusts can develop similar contingencies).</p>	<p>Risk in cohorting patients by Trust rather than need during period from now to closure. Need for gender considerations in cohorting.</p> <p>Challenge associated with multiple Trusts running units on one site.- governance, staffing</p> <p>Corporate support services will need to continue to be delivered by BHSCT.</p> <p>Current community service provision could be destabilised. Current service may have to stand down (Day care/ respite) to free up staff to work on Muckamore site, which could significantly</p>

			<p>impact on community placements which may then lead to an increase admissions.</p>
<p><u>Option Three:</u></p> <p>TRUST RESPONSE TO CLOSURE OF MUCKAMORE ABBEY HOSPITAL</p>			
<p>SEHSCT patients required to move off Muckamore site with minimal lead in time</p>	<p>Alternative accommodation to be sourced within SET to manage patients' needs until long term options are available</p>	<p>Whilst may benefit staffing cover – this option is likely to be most distressing for families and most detrimental to the patient.</p>	<p>This would be the worst of all options; it would have a significant detrimental impact on patients and cause distress to families.</p> <p>Current community service provision is likely to be destabilised as Trust will be required to provide staffing support for patients. Expectation would be that a number of current Muckamore</p>

	<p>Forensic patients to continue to be cared for by BHSCT on a Regional basis. Potential for relocation to Knockbracken site</p>		<p>staff would move to community settings to provide support.</p> <p>Current service may have to stand down (Day care/ respite) to free up staff to support patients which could significantly impact on community placements which may then lead to an increased demand for admissions.</p> <p>Estates – Trust currently scoping all estate options including leasing from the independent sector. This accommodation will not be immediately available as it is likely to need adjustments to meet basic needs of a very complex population.</p> <p>This environment will not be purpose built – not be able to replicate current MAH environment</p> <p>Governance – The limitation of temporary community environment may impact negatively on staff ability to carry out MAPA interventions, and have discrete space as required to support people.</p>
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MAHI - STM - 228 - 118
Muckamore Abbey Hospital (MAH), South Eastern HSC Contingency Plan, 10th September 2019

<p>Requests for new admissions under MHO could not be facilitated by MAH. Protected LD beds for new admission may need to be identified in other LD Hospitals SHSCT or WHSCT. ECR sought if no LD bed available in NI.</p>	<p>Regional Bed protocol is urgently required to enable safe discharge of statutory functions under MHO.</p> <p>The potential for the Southern and Western Trusts to resettle delayed discharge /long stay individuals from their acute wards also needs to be pursued in order to free up a small number of “protected beds” for a small number of regional MHO admissions. Their ability to step up additional contingency beds should be considered.</p> <p>HSCB should urgently seek arrangements with acute services outside of N.I. to provide acute care if required as the ECR Process cannot respond in emergency situations, especially out of hours</p>	<p>Safe discharge of stat functions under the MHO.</p>	<p>Lack of clear pathway for acute Hospital admission will result in Trust unable to discharge its statutory function under MHO</p> <p>Pressures across all LD inpatient units may make it difficult to access admissions.</p> <p>There are currently no arrangements in place for acute out of N.I. placements should these be required.</p>
<p>New SEHSCT community assessment and treatment unit to be established. This will significantly reduce the</p>	<p>New SEHSCT assessment and treatment unit for 6 people to be developed- Business Plan being completed.</p>	<p>This unit will manage crisis situations within the community setting reducing the need for acute admissions.</p>	<p>Challenges of a standalone unit without the backup of other wards/services.</p> <p>Capital and significant revenue</p>

<p>demand for acute hospital beds and sustain community placements</p> <p>SEHSCT will require to employ Psychiatrists to provide this service Belfast Trust psychiatry resource currently aligned to SET will have to be redeployed. A Clinical Lead will need to be identified.</p>	<p>Forensic patients to continue to be cared for by BHSCT on a Regional basis. Potential to relocate to Knockbracken site.</p>	<p>It will assist families and provider organisations to maintain placements going forward. The unit will assist in supporting the return to SET of a service user currently on an ECR placement.</p>	<p>funding required.</p> <p>Staff will need to be employed with appropriate skill set</p> <p>Registration requirement for unit to be explored with RQIA-</p> <p>Challenge in appointing staff to the assessment & treatment unit and maintaining sufficient staff to run both temporary service for MAH patients prematurely discharged to community and assessment and treatment unit</p>
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Laura Cranston

From: McNeany, Barney <Barney.McNeany@southerntrust.hscni.net>
Sent: 12 September 2019 17:07
To: Laura Cranston
Subject: RE: Contingency Plans

Marie

Contingency as follows:

Belfast Trust

Immediate

Service User in MAH from ST.

A placement has been identified for G long since and indeed we have been paying to keep it open. We have ensured locally that we are ready to put this into place as soon as it is required and the preparatory work is done. We are aware that the individual is claiming he can stay there (MAH) as long as he likes but if the facility is subject to an immediate closure then this point becomes moot. LD senior staff assure me this placement will meet his needs and will be sustainable. I also know there is a concern from Belfast about the individual's index offence (although he was never convicted) but staff have been able to place more risky individuals successfully in the locality and are confident this placement will work. We do however anticipate early teething problems as there is always a settling factor for such individuals.

Medium Term

Whilst we have not had much headroom in Dorsy over the past six months we recognise that we may need to admit some individuals from out of Trust. I have asked that by way of preparation, and without panicking any of our staff, for the AD Acting who is covering this area to identify those who we may be able to move on if we needed to in an emergency. This has been completed and I am awaiting the final sign-off from clinical psychiatry colleagues by Monday. There will not however be more than 1-2 places available by discharging earlier and there is a significant reluctance from clinical staff. I believe the real issue for us in ST will be for MH Units who require to admit LD clients if MAH were to close in SET, BT or NT. We believe that we will not be able to admit any LD Service Users into MH beds here from out of area safely. It would be much safer that such admissions take place local to the individuals address. ST might be able to assist with the "overflow" of MH Service Users from SET, BT or NT who may require admission out of area as a result of MH beds being taken up by LO Service Users. There are however significant clinical risks with even doing this as we know from the various reports and SAls. Additionally as you know we have been red RAG status on Bluestone more or less consistently so the room for assistance here is also severely limited. We were at the point last month of considering closing to admissions in one of the Bluestone Wards but this was avoided at the last minute by using off contract agency.

With regard to ST as source for staff it is highly unlikely that we would be able to provide any in-patient LO staff as we continue to have difficulty in safely staffing Oorsy on a day-to-day basis. We would however offer Bank shifts out to team members and there may be some takers for this approach.

If there is anything else you require please let me know.

Many Thanks,

Director of Mental Health & Disability - ■ 028 375 61531



From: Laura Cranston [mailto:Laura.Cranston@hscni.net]
Sent: 12 September 2019 15:23
To: Oscar Donnelly; don.bradley@setrust.hscni.net; McNeany, Barney; Marieb Heaney (BHSCT)
Subject: Contingency Plans

•This email is covered by the disclaimer found at the end of the message. •

„Sent on behalf of Marie Roulston, Director of Social Care and Children, HSCB*“

Dear All,

Further to our discussion on Monday it would be helpful if I could have your contingency plans in advance of a Departmental meeting tomorrow afternoon.

Many thanks.

Marie

**Laura Cranston
Personal Secretary**

• } Health and Social
Care Board

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Fax: (028) 9055 3620 | Email: Laura.Cranston@hscni.net

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Western Trust Contingency in respect of Muckamore Abbey Hospital

Immediate

Western Trust Service User in Muckamore Abbey Hospital.

There is a plan for P305 who is a forensic case to be discharged with support to the community. His needs have been assessed that he will require a 2:1 Service with accommodation having been identified in Derry, where he will share his home with one other person. From a social work perspective, the relevant planning is in place and we are waiting for sign off from the PSNI and the Probation Service re the plan and the accommodation option.

Medium Term

Similar to the Southern Trust, the Western Trust recognise the potential requirement to accommodate some people from out- of- Trust in Lakeview In-Patient Faculty, as already happens. Currently Lakeview is at maximum capacity, having 9 patients in the 10-bedded facility (1 patient requires a 2 bedded arrangement). 5 patients originating from the Western Trust, are delayed discharges, 4 of whom are delayed for periods in excess of 1 year. Focused work is ongoing in respect of plans for successful reintegration of these adults into the community. However their complex and challenging behavioural presentations means there are no straightforward solutions, including limited accommodation and community based support options which will have an impact on the timeframes for realistically delivering on discharges. There is potential to create some limited capacity over the next few months.

The potential to utilise beds in Grangewood (Mental Health in-patient facility) for service users with a learning disability is very challenged in the short-term. The combination of an Improvement Plan following a RQIA Inspection continuing to be outworked and pressures emanating from a challenging group of in-patients in recent months, negatively impacts the ability of this facility to flex into new requirements without significant planning and preparation.

The Trust is aware of the potential request to support Muchamore Abbey Hospital from a nursing staff perspective. A recent scoping of the learning disability nursing pool within the Trust indicates difficulties with accessing resource particularly from the in-patient facility. Lakeview in its own right regularly experiences staffing challenges with a recently noted increase in sickness levels, including some staff who have been assessed as requiring re-deployment from in-patient work. The potential for staff to work some banking hours might yield some interest.

Mark Lee
Mental Health, Disability & Older People



By e-mail

**Marie Roulston Director Social Care and Children,
HSCB**

**Directors of Mental Health and Disability Services
HSCTs**

Tel: 028 90 520724

Fax:

Email: mark.lee@health-ni.gov.uk

Your Ref:

Our Ref: HE1/20/4987

Date: 9 January 2020

Dear all,

Re: Muckamore Abbey Hospital – Contingency Plans

Further to our discussion at the recent Mental Health and Learning Disability Improvement Board meeting I agreed to write to clarify what the Department requires from you in terms of the next steps in relation to Trust contingency plans for Muckamore.

The key focus of the contingency plans provided to date has been to ensure that patients are supported to continue to live in a safe and stable environment in Muckamore. Whilst stabilising the hospital understandably has been the immediate priority, uptake of the incentives offered to attract staff from other Trusts to work in Muckamore to support this has so far been limited. As such further consideration now needs to be given to the other options identified in Trust contingency plans (including immediate relocation of patients out of Muckamore Abbey Hospital), and the additional resources that may be required in the community or in other facilities to support any such relocation of patients.

I am aware that the Belfast, Northern and South Eastern Trusts collaborated on the preparation of their contingency plans in terms of the options identified, but what is now required is a whole region/system response led by the HSCB in partnership with all five HSC Trusts, with a view to identifying and informing any necessary decisions about maximisation of the resources available across NI to help address the current situation.

I fully appreciate that the successful relocation of the majority of patients currently being cared for in Muckamore Abbey Hospital will require provision of a range of



health and social care inputs going forward, and therefore the availability of, and access to, suitably skilled and experienced multidisciplinary teams should be a key consideration. As such, there is a need to urgently consider how specialist resources might be pooled and distributed across the region to address immediate needs and also to build capacity in the system. This would take into account for example:

- Numbers of Consultant Psychiatrists, Psychologists, Social Workers and Nurses in Northern Ireland, their current locations and any scope to share their skills across the region; and
- The identification of any registered learning disability nurses who are currently working in other areas of care such as emergency departments, social care or day care and who could perhaps be released and distributed across the region.

Thought will also need to be given to the accommodation options available across all Trusts.

It would be helpful therefore if a single regional contingency plan could be developed which identifies the resources, skills and accommodation required to meet the needs of the current in-patient Muckamore population, identifies where these resources, accommodation and skills are currently located, where the gaps are and sets out any necessary action required to fill those gaps on a region wide basis.

I and colleagues would of course be very happy to discuss further.

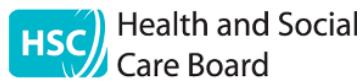
Many thanks



MARK LEE
MENTAL HEALTH, DISABILITY & OLDER PEOPLE

Copied to:

Máire Redmond
Seán Scullion



DRAFT - Regional Contingency Plan Version 12

Muckamore Abbey Hospital

Lorna Conn

02/6/2021

This document describes the regional HSC response to the need to plan for an unexpected and rapid closure of the facility; the actions and resources required to enable the HSC / Trusts to manage the interruption to patients and families and to ensure their treatment needs are met.

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Regional Contingency Plans for MAH

Discussion Paper

1. Purpose:

The purpose of this paper is to present short, medium and longer term potential solutions for patients currently within Muckamore Abbey Hospital should staffing issues necessitate rapid and unexpected closure of the facility.

The paper has been informed by the original individual Trust contingency plans submitted to HSCB in the autumn of 2019 and supplemented by discussions at a series of cross Trust regional monthly meetings from September 2020 to date. This paper presents an updated and more contemporaneous position on contingency and is intended to be a guide where rapid action rather than emergency action is required.

2. Current Situation in Muckamore Hospital

At present there are 44 patients currently resident in MAH with 3 people on trial leave. Table 1 identifies patients as per HSC Trust origin.

Breakdown of patients by Trust of origin as at 19 April 2021

Trust	Numbers of Inpatients
BHSCT	16
NHSCT	19
SEHSCT	8
WHSCCT	0
SHSCT	1
Total	44

Each Trust has submitted an individual Trust Contingency Plan for their patients in the event of a rapid and unexpected closure of MAH. DOH requested that a regional contingency plan be developed.

3. Context of delays to discharge

In any consideration of accelerating plans for discharge of patients, it is essential to acknowledge some of the current challenges which have impeded progress.

- Availability of Bespoke accommodation
- Provider capacity & capability
- Staff Recruitment
- Availability of a stepped care model

- Availability of community infrastructure

4. Critical assessment of immediate solutions

Over a series of meetings, considerations focused on potential immediate solutions in response to needs for contingency. Several options were considered but many were assessed to be medium or longer term responses rather than immediate responses. For an overview see Appendix 1. In the event that this plan needs to be activated, there may be other considerations which are appropriate at that time and need to be contemplated as well.

A critical assessment of the options outlined in Appendix 1 indicates that: - A very limited number of options exist which would be available to be used immediately and these would be dependent on expedited legal processes. The balance between haste and impact on the patient's and carer well-being would present a real and significant challenge and there would be potential to de-stabilise other placements and the current community workforce and providers. In essence, invoking this plan should be avoided if at all possible due to the potential impact to patients and the high risk of de-stabilising existing care. If invoked, it would be incumbent on all parties to minimise disruption and distress for patients and families.

The availability of the range of the Multi-Disciplinary staff required to support people with LD is a constant challenge already within existing community services. There is difficulty in obtaining and sustaining community placements and an adequately skilled workforce and these have contributed to the delayed discharge of those in Muckamore. This would also be exacerbated by placing increasing demands due to contingency on an already stretched workforce with limited existing capacity. It may be that consideration should be given to staff in Muckamore transitioning with patients into their alternative placements.

A mixed approach would be most likely to assist in the event of rapid and unexpected closure. Attempts to stabilise the workforce within Muckamore have been successful thus far and perhaps to build on this by progressing some of these discharges at the same time as supporting patients with trust LD staff would be most beneficial.

NB: This process, which could lead to an eventual temporary hospital closure, may be a protracted one and will be stressful for residents and their families. Although residents may require an assessment of their needs prior to any potential move, it would be important that these assessments are carefully managed so as not to raise anxieties or, over time, result in multiple assessments, except whether these are warranted due to changing needs.

5. Activation of Response

The activation process within the contingency plan will involve the following steps:

5.1 Notification and Recording of the incident

It is anticipated that this plan will be activated by management of the Hospital based within the BHSC and notified to DOH, HSCB and the HSC Trusts.

The invocation of this policy should be routed through the HSCB Social Care and Children's Directorate as a single point of contact and co-ordination as follows:

- During office hours- alert the HSCB Director (Social Care and Children's) or nominated Deputy and HSCT Directors
- Out of hours - through the HSCB Director on call and HSCT Directors on call
- Details of contact points are available in **Appendix 2**.

It is important that all information / communication pertaining to the incident is recorded in a complete and consistent manner. This should be completed on the Situation Report (Regional Contingency) Template (SitRep) (**Appendix 3**) and forwarded by e-mail to the e-mail address on the template.

NB: Once an incident has been declared, the HSCB will establish an incident specific email address for use in all notifications

6.2 Initial Assessment of the level of response required

It is imperative that HSC Trust complete an initial risk assessment of the incident as per Trust risk assessment procedures and communicate this to the HSCB and other key agencies within 2 hours of notification of the incident.

A decision regarding the assessed level of risk of the incident or any change in the level risk will be taken by the HSCB Director (Social Care and Children's).

It will be particularly important to engage with the BHSCT at the earliest opportunity and to ensure effective communication with that individual / company throughout the process.

The level of risk is likely to change over time as the incident progresses or when new information becomes available. This necessitates the need for an ongoing risk assessment process. (**Appendix 4**)

The MAH Regional Contingency Response Plan Operational Flow Chart – Key Steps

Activation of Response

- HSC Trust to complete initial assessment *
- HSC Trust to notify HSCB
- HSC Trusts to submit initial SitReps *
- HSCB to activate plan



Co-ordination of the Incident

- HSCB to convene ICT& arrange formal meetings
- HSCB to activate the plan and clarify lines of communication
- HSC Trusts to submit updated SitReps *
- HSC Trusts to provide ongoing need/risk assessment
- HSCB to take lead in decision-making
- RQIA to advise on standards and regulation pertaining to actions identified and taken



Sustaining the Response

- HSC Trusts to provide ongoing need/risk assessment
- HSC Trusts to ensure sufficient capacity for incident duration



Stand Down

- HSCB to make decision to stand down incident
- HSCB to issue stand down notice



Recovery

- HSC Trusts to establish Recovery Co-ordination Team to address outstanding issues
- HSC Trusts to establish return to stability across all settings and identify action plans to meet new immediate need



Debrief

- HSCB to convene debrief meeting
- HSCB to issue debrief report

* Timescales for stages and frequencies of meetings will be determined by the need identified at the outset of the activation of this plan.

7. Key Roles and Responsibilities

These roles and responsibilities set out below are intended for guidance only. **Appendix 5** contains the Action Cards which detail each organisation's roles and responsibilities in full.

7.1 Department of Health (Strategic)

- Overall control for the strategic response will rest with the Permanent Secretary / Chief Social Services Officer
- Provide regular briefings to Executive, Minister and Permanent Secretary.

7.2 HSCB (Tactical)

- lead responsibility for co-ordination of the incident response

7.3 HSC Trusts (Operational)

- responsibility for overall control for the operational response will rest with the relevant Director(s) in MHLD within the HSC Trusts
- provide early alerts as required to the DOH
- establish an Incident Management Team (IMT) and nominated Chair

7.4 RQIA (Tactical)

- attend meetings of the regional ICT
- liaise with other regulators (across jurisdictions)
- ensure standards / regulations are maintained during the process
- complete vetting and de-registration/registration/ change in the status of the hospital processes as appropriate

7.5 Host Trust

- The Host Trust (registered person in control) at the Centre of the incident should be minded of their role and responsibility to Director of HSCB and RQIA for maintaining a safe and effective service throughout the process and to provide immediate notification of any change in circumstances.
- The Host trust would be responsible for an immediate review of the needs of the existing group of patients to identify those need hospital placement and who can be accommodated within the community facilities.
- The host trust will remain as the responsible person until the site has been stabilized or the transfer of patients has been satisfactorily completed.
- Provide early alert as required to the DOH

7.6 Information Management

NB: All information / communication pertaining to the incident from initial notification to final closure / review must be recorded and a record maintained in accordance with records management procedures.

8. Membership of Regional Incident Control Team (ICT)

The Regional ICT will comprise of the following:

- Director or Deputy Director HSCB (Chair / Incident Director)
- Programme Manager (MHLD) HSCB
- Directors or Assistant Directors (MHLD) HSC Trusts including the Host Trust
- Service Leads (MHLD) HSC Trusts
- Emergency Planning Lead, Social Care and Children's Directorate, HSCB

- Director or Deputy Director of Nursing, Public Health Agency
- Directors of Social Work in HSCTs
- Chief Legal Advisor / Assistant Chief Legal Advisor, Directorate of Legal Services, Business Services Organisation
- Director or Deputy Director, Finance, Business Services Organisation
- Informatics Lead, PMSI, HSCB
- Senior Communications Officer, Corporate Communications, HSCB
- Director of Assurance or Deputy Assurance, RQIA
- Director or Deputy Director, Social Care Division, DOH
- Dedicated Minute Taker and Loggist, Social Care and Children's Directorate, HSCB)

Attendance / responsibility may be delegated as appropriate by the relevant Director within each organisation or department.

Members of the Regional ICT should have sufficient seniority and delegated authority to make decisions on behalf of their organisation

Membership of the ICT may be changed / enhanced at the discretion of the Director (HSCB SC&C) based on the nature, scale and impact of the incident.

Consideration may be given to having independent advocates in attendance for all or part of any of these meetings as the situation develops. A series of proforma are set out in Appendices 1-7.

9. Next Steps

1. Communication, engagement and further refinement of plan with families and service users with respect to the proposals
2. Structures and systems for advocacy to be established.
3. Legal advice sought from DLS and DoJ.

10. Appendices

Appendix 1

Potential Regional Solutions to respond to rapid and unexpected closure of MAH with immediate, short, medium or long term timescales:-

1. Acceleration of transitioning to Mallusk (BHSCT, NHSCT, SEHSCT) to Bradley Manor (BHSCT) / to Cherryhill and redeployment of staff
2. Acceleration of plan for SHSCT patient for resettlement
3. Discharge or transfer of WHSCT patient
4. Stand down Short Break beds facilities and re-commission as assessment & treatment
5. Acceleration of refurbishment of Lakeview and scoping of possibility of increased bed capacity
6. Scoping of possibility of NHSCT opening a ward in Holywell/Whiteabbey
7. Scoping of possibility of BHSCT opening a ward i.e. Knockbracken
8. Scoping of possibility of SEHSCT opening a ward
9. Dorsey to review staffing needs and address staff shortages with a view to expanding capacity.
10. Lakeview to review staffing needs and shortages with a view to expanding capacity.
11. Review of MAH Site to consider re-provisioning of existing estate for registration as Residential Accommodation
12. Redeploy staff from 3 trusts to MAH to service all wards
13. Creation of 3 separate 'Trust' wards on site **OR** each Trust provides staff to cover their quota of beds in MAH
14. Arrangements for patients with forensic histories

Consideration of Each Potential Solution

OPTION NO.	BRIEF DESCRIPTION OF OPTION	ACTIONS	SUMMARY OF BENEFITS AND LIMITATIONS	TIMESCALES IMMEDIATE/ SHORT TERM/MEDIUM TERM/LONGER TERM
1	Acceleration of transitioning to Mallusk (BHSCT, NHSCT, SEHSCT)/ Bradley Manor (BHSCT)/ Cherryhill and redeployment of	Development of individual plan with provider for each patient. Engagement/	Limitations include: level of distress to service users and carers leading to increased potential for distressed type behaviours. This in turn could lead to provider overload and resulting instability of placements	Not Immediate Option Timescales for current patients transitioning into Mallusk are currently May-December 2021

	staff (BHSCT)	Communi cation and support with families/c arers/serv ice users. Urgent admission s pathway required. Trust staff redeploy ment.	with associated negative outcomes. Such negative outcomes could extend to complete breakdown in placements leading to admissions to MH wards and adding pressure to an over stretched system. Staffing and recruitment issues in each of the facilities are such that the full complements of staff are not in place. Overall a deleterious impact could be anticipated for patients transferring with haste which would also impact on existing residents.	and in a phased manner, which would effectively mean this could not be considered an immediate response. Bradley Manor has is further along in terms of staff recruitment than Mallusk and Cherryhill is almost at capacity.
2	Acceleration of plan for SHSCT patient for resettlement (BHSCT & SHSCT)	Developm ent of individual plan with provider for patient is in place. Engagem ent with all service providers, patient, carers and relevant organisati ons/ professio nals.	Benefits should include betterment and improved quality of life. Suitable accommodation is available. Staff had also previously established a comprehensive care and support package. However, this action is likely to be subject to challenge and may result in possible deterioration of patient mental health. Thereafter, any plan and timescale dependent on legal processes.	Immediate/ short term Option If legalities identified, could be swiftly resolved.
3	Discharge or transfer of WHSCT patient (BHSCT & WHSCT)	Accommo dation and staffing are in place. Communi cation with families/c arers/serv ice users	Benefits are that discharge planning has commenced and suitable accommodation and support is ready. Increased haste could impact in stability. Limitations include: the likely level of distress to service user and carers could result in increased distressed type	Immediate/ short term option If necessary approvals were in place, it could possibly be expedited in accordance with patient's ability to cope with the swift progressing of

		Urgent admission pathway required.	behaviours and potential for provider overload leading to negative outcomes. Transfer is dependent on DOJ approval.	placement.
4	Stand down Short Break beds facilities and re-commission as assessment & treatment (BHSCT, NHSCT, SEHSCT)	Communication with families/carers/service users. Scoping exercise within each trust. Staff recruitment and or redeployment including increased need for MDT and CR/HT staff. Adjustments to environments may be necessary. Provision of Staff training will be necessary. Registration and Inspection considerations.	Limitations would include:-Impact on families of closing of short breaks which could place increased pressure on them and lead to an increased prospect of family breakdown due to standing down of respite. This could also culminate in increased need for CR/HT services in the community and need for admissions to hospital and family breakdown and a need for longer term placements. Existing community infrastructure or environment would be unable to meet these increased needs or provide an alternative to hospital assessment and treatment. Overall, this option could be detrimental to a broad group in the population of people with a learning disability and their families.	Risk high and impact too wide reaching to be considered viable option.
5	Acceleration of refurbishment of Lakeview and scoping of possibility of increased bed	Scoping of current provision. Accelerating renovation	Benefits include a whole system approach to the need for LD specialist hospital provision with an experienced staff group on site. Limitations	Longer Term Option

	capacity	ns to reinstate the full capacity of the wards. Scoping available estate for expansion and staffing. Business case development as necessary .	include lack of potential within the estate to increase capacity ; Financial investment required; time considerations for estates work and staff recruitment and training.	
6	Scoping of the possibility of NHSCT opening a ward in Holywell/ Whiteabbey	Scoping available estate for expansion on both sites. Business case development for renovation work and staffing as necessary	Benefits include: this is in line with recommendations of the Acute Review and Bamford for locally based acute inpatient services. However, limitations include: financial Investment would be required and time considerations for estates work and staff recruitment and training.eg. Attracting Medical cover/LD nursing and psychology inputs may prove difficult. Whilst feasible, this would not be an immediate response. The Footprint for new MH hospital is being developed so the feasibility will be dependent also on the stage of these plans and whether there is scope to incorporate. Additionally, Whiteabbey is currently operating as a Nightingale Hospital.	Longer Term Option This needs to be considered as part of the acute & community assessment and treatment model
7	Scoping of possibility of BHSCT opening a	Scoping available estate for	Benefits include: this is in line with recommendations of the	Longer Term Option

	ward i.e. at Knockbracken	expansion on site. Business case development for renovation work and staffing as necessary .	Acute Review and Bamford for locally based acute inpatient services. However, limitations include: financial Investment would be required and time considerations for estates work as well as additional staff recruitment and training. Attracting Medical cover may prove difficult. Whilst feasible, this would not be immediate response. Currently there is no capacity onsite to develop.	
8	Scoping of possibility of SEHSCT opening a ward/Facility	Scoping available estate for expansion on site. Business case development for renovation work and staffing as necessary .	Benefits include those with mild LD patients are already accommodated on AMH wards so scoping exercise has been completed. However, this also highlighted staffing and environmental issues where those with moderate LD or increased complexity. This coupled with the limitations that development would be an expensive and longer term option due to there being no obvious location for development or renovation.	Medium/longer term Option This needs to be considered as part of the acute & community assessment and treatment model
9	Dorsy to review staffing needs and address staff shortages with a view to expanding capacity.	Scoping of staff needs and staff complement required to address current staff shortages . Staff recruitme	Benefits are: this represents a whole system regional approach to need for LD specialist hospital provision. However, investment would be required and time considerations would impact due to workforce recruitment issues. Furthermore, no capacity or space on CAH site to expand.	Longer Term Option

		nt and or redeploy ment.		
10	Lakeview to review staffing needs and shortages with a view to expanding capacity.	Scoping of staff needs and staff complement required to address current staff shortages Staff recruitment and or redeploy ment.	Benefits include a whole system approach to the need for LD specialist hospital provision with an experienced staff group on site. Limitations include time considerations for estates work and staff recruitment and training especially of LD nurses.	Short-Medium Term Option
11	Review of MAH Site to consider re-provisioning of existing estate for registration as Residential /supported Living accommodation.	Engagem ent/ Communi cation and support with families/c arers/serv ice users. Scoping available estate for expansion on site. Registrati on and Inspection considera tions. Staff recruitme nt and or redeploy ment considera tions.	The benefits include: a Person centred/ betterment approach for specific patients and greater familiarity for some patients and carers. There is also greater potential for timely response. This option would allow more flexibility of recruitment of social care staff rather than nursing staff that may be more readily accessible. Limitations include: Time considerations for staff recruitment and RQIA regulation and inspection; the need to ensure the development of explicit criteria for admission and the scale and magnitude of such provision would be critical.	Short-Medium Term Option Largely dependent on Estates input at this point which will determine timescale.
12	Redeploy staff from all 3 Trusts to support existing MAH wards OR to care	A Cross Trust Oversight and Governan	The benefits include: this is possibly the least disruptive option for current patients and carers and allows for	Immediate/ short term option

	<p>for their patients being hosted as part of their 'notional quota of beds'</p>	<p>ce Team to be established. Planning and preparation with LD staff. Staff training and supervision considerations.</p>	<p>continuity of care for patients on MAH site. It would encourage joint ownership of progress and may be a more acceptable option to patients and carers. NHSCT and SEHECT indicated their willingness to redeploy LD staff and extensive work has already been completed. However, the limitations include: the increased complexity regarding management, HR issues and Joint accountability leading to more diffused responsibility for actions and an impact on other LD community services. Re-deployment option resulted in significant challenges accessing even small numbers of staff from other trusts. However, Trusts report currently sending LD staff onto AMH wards to support patients with LD. Preparation of staff through provision of MAPA training would be recommended.</p>	
<p>13</p>	<p>Creation of 3 separate 'Trust' wards on site</p>	<p>Patients would need to be cohorted by Trust. Scoping of staff needs and staff complement required Staff recruitment or deployment</p>	<p>The benefits of this are: All Trusts would have a presence on site in familiar surroundings, Resettlement options could continue for patients and there is less complexity of HR issues when separated. However, the limitations are: impact of co-locating patients and presence of staff who are unfamiliar to them could cause significant distress; Lack of economies of scale, duplication of roles on site and lack of</p>	<p>Short-Medium Term Option</p>

			<p>proximity to local services. Ward moves could increase distress; separate wards of this nature could lead to governance issues and potentially cause destabilisation of current community service through staff redeployment. It would be used as a temporary arrangement while more local arrangements or facilities are being developed.</p>	
14	<p>Arrangements for patients with forensic histories</p>	<p>Scoping of current provision and vacancies . Consideration of suitability to meet needs. Communication with families/carerers/service users. Development of individual plans for each patient. Urgent admission pathway required.</p>	<p>Transfers to Knockbracken would be dependent on bed availability and expediting discharges to alternative community accommodation would require legal considerations to be fast tracked. Capacity is already limited and community infrastructure (whilst in the planning stages) would require expansion. There would likely be significant negative impact for patient wellbeing and family distress. Increased vulnerability of those with LD within a forensic setting designed for those with MH. Suitability of a medium secure unit for those who are have been deemed in need of low secure support. Presence of greater levels of restriction that required.</p>	<p>Short-Medium Term Option</p>

Appendix 2

MAH Regional Contingency Response Plan

Reporting Arrangements

Department of Health	In Hours	Out of Hours
Responsible Officer	Permanent Secretary/ Chief Social Services Officer Via switchboard 028 9052 0500	Permanent Secretary/ Chief Social Services Officer Via switchboard 028 9052 0500

Health and Social Care Board	In Hours	Out of Hours
Responsible Officer	Director of Social Care and Children's Directorate Office: 02895363130 Mobile: R01 Or via HSCB Switchboard 0300 555 0115	Director on Call Office: 02895363130 Mobile: R01

RQIA	In Hours	Out of Hours
Responsible Officer	Chief Executive's and Chair's Office: 028 9536 1111 (option 5)	Chief Executive's and Chair's Office: 028 9536 1111 (option 5)

Health and Social Care Trusts	In Hours	Out of Hours
Belfast HSC Trust	Social and Primary Care: Tel. 02895049165 Co-director, Adults Community and Older Peoples Services T/N 02895049196 Co-Director – Mental Health Services Tel. 028 950 47065	Director on Call - Tel. 02890240503

	Divisional Social Worker - Adult Community and Older Peoples Services T/N 028 950 48480	
Northern HSC Trust	Director MH and LD (via Holywell switchboard 028 94465211)	Director On Call (via Holywell switchboard 028 94465211)
Southern HSC Trust	(028) 37561538 – Ask for Assistant Director LD Services R01	(028) 38334444 – Ask for Director On Call
South Eastern HSC Trust	AD (Adults & Disability) 02892633316	Senior manager on call (via UHD switchboard 02890484511)
Western HSC Trust	AD, 028 66382595 Director of Adult MH& Disability Services 028 71611191	Director On Call Via Altnagelvin Hospital switchboard 028 71345171 South West Acute Hospital switchboard 028 66382000

Situation Report- (Business Continuity Incident – HSCB/HSC Trust SITREP

Date of Report:

Time of Report:

Period information refers to:

Author of Report:
(Named Officer)

Contact Details:

Next SITREP due:

RAG Rating:

- **Red =Significant Impact &actions being taken**
- **Amber = Potential impact & further investigations underway**
- **Green= No impact**

New Information not previously reported will appear in **yellow**

1. Summary Key Points/Overview of Trust/Host Trust:

[Empty grey box for summary key points]

2. Service Continuity by Trust & Host Trust (incl. Key Actions Taken):

Trusts

- WHSCT=
- BHSCT=
- NHSCT=
- SEHSCT=
- SHSCT =

[Empty grey box for service continuity details]

Host Trust

3. HSC Trust key issues & Actions Taken:

[Redacted content]

4. Media

[Redacted content]

5. North South Cross Border or Other Issues

[Redacted content]

Discussion and Planning Log

Element	Key questions and considerations	Action
I	<p>Information What, where, when, how, how many, so what, what might? Timeline and history (if applicable), key facts reported using :</p> <ul style="list-style-type: none"> • Up to the moment - data - numbers / location / categories of care / vacancies / capacity • Public (residents / families) information HSCB / DoH / Trusts / DLS / Finance / Informatics / PR / Regulator / PHA <p>Consideration has to be given to the exchange and management of information to and from the following:</p> <ul style="list-style-type: none"> • The Hospital • Media (including Fol requests) • PCC/ Independent Advocates • Trade Unions / Politicians • Inter-Country (Government Departments / Regulators / Local Authority Organisations / Association of Directors of Social Services 	

Element	Key questions and considerations	Action
I	<p>Intent Why are we here, what are we trying to achieve? Strategic aim and objectives, joint working strategy:</p> <ul style="list-style-type: none"> • Safety of residents • Continuity of care • Maintenance of standards (staffing / safety / care) • Relocation of residents • Contingency plan – implementation <p>Key Questions</p> <ul style="list-style-type: none"> • What are the key risks? • What options are available? • What is required for effective safe response? 	
M	<p>Method How are we going to do it? Command, control and co-ordination arrangements, tactical and operational policy and plans, contingency plans:</p> <ul style="list-style-type: none"> • Regional Command / co-ordination - HSCB • Operational policy/Local command / relocation / assurances - Trusts • Roles • PR - all communications including DOH, RQIA • DLS- legal advice • Finance – financial advice • PMSI Informatics - data • RQIA - legislative & standards compliance assurance 	

Element	Key questions and considerations	Action
A	<p>Administration What is required for effective, efficient and safe implementation? Identification of commanders, tasking, timing, decision logs, equipment, welfare, logistics:</p> <ul style="list-style-type: none"> • Communication plan (including meetings / teleconferences / briefings) • Communication Briefings • Meetings with clear 'action' plan / outcomes • Clarity of roles / responsibilities • Identify risks / contingencies - risk log 	
R	<p>Risk assessment What are the relevant risks, and what measures are required to mitigate them? Dynamic risk assessment to consider:</p> <ul style="list-style-type: none"> • Total service collapse • Take-over failures (e.g. due to regulatory short-comings) • Lack of co-operation or absence of the Service Provider • Risks to continuity of service e.g. Service Provider Staff leaving / finding alternative employment • Insufficient capacity / alternative services 	

Element	Key questions and considerations	Action
	<ul style="list-style-type: none"> • Professional / organisational reputation • Misinformation / negative media coverage • Increased waiting lists / delayed discharges • The viability of new providers (how can viability be assured - inadequate regulatory safeguards) 	
C	<p>Communications How are we going to initiate and maintain communications with all partners and interested parties? understanding of inter-agency communications, information assessment, media handling and joint media strategy:</p> <ul style="list-style-type: none"> • Internal Communication Strategy (HSCB / Trusts / DOH / RQIA) • External Communications Strategy - managing the media / FOI / AQs • Cross jurisdiction Communication Strategy (in the event that the Provider operates across between countries) 	

Element	Key questions and considerations	Action
H	<p>Humanitarian issues What humanitarian assistance and human rights issues arise or may arise from this event and the response to it? Requirement for humanitarian assistance, information sharing and disclosure, potential impacts on individuals' human rights Consideration to be given to :</p> <ul style="list-style-type: none"> • Potential safeguarding issues • Additional resources (staff, hotel & catering services, management takeover) • Legal and financial implications of any contingency plans 	

Action Cards

Department of Health (Strategic) Action Card

Key Actions (for further development)

- overall control for the strategic response will rest with the Chief Social Services Officer
- Provide regular briefings to Executive, Minister, Permanent Secretary

HSCB (Tactical) Action Card

Key Actions

- Lead responsibility for co-ordination of the incident response
- determine in conjunction with HSC Trusts if the situation meets the criteria for a critical incident as per definition at 1.1
- provide an early alert to the DOH if required and notify all agencies and departments
- declare a critical incident for the region as per definition at 1.1
- establish lines of communication with all members of the ICT (glossary)
- immediately engage with the host Trust to establish the severity of the situation, details of action being taken by the Trust and establish lines of communication and accountability arrangements
- convene meetings of the Incident Control Team, the frequency and timings to be dictated as deemed appropriate to the presenting situation
- co-ordinate arrangements for management of communications, informatics, finance and legal advice and support to the ICT
- liaise with the service provider and relevant agencies across other jurisdictions as appropriate
- provide up to date briefings and situational reports to DOH and other organisations as requested by DOH
- respond to requests for information / meetings with outside agencies e.g. PCC, Politicians and Trade Unions
- issue a regional Stand Down once it has been decided that a regional response structure is no longer appropriate / required
- co-ordinate the incident debrief
- support the implementation of recovery plans to support the recovery of services to normal business as soon as possible
- review and update the Regional Contingency Response Plan

HSC Host Trust (Operational) Action Card

Key Actions

The Host Trust (registered person in control) at the Centre of the incident should be minded of their role and responsibility to Director of HSCB and RQIA for maintaining a safe and effective service throughout the process and to provide immediate notification of any change in circumstances.

The Host trust would be responsible for an immediate review of the needs of the existing group of patients to identify those need hospital placement and who can be accommodated within the community facilities.

The host trust will remain as the responsible person until the site has been stabilized or the transfer of patients has been satisfactorily completed.

HSC Trusts (Operational) Action Card

Key Actions

- Overall control for the operational response will rest with the relevant Director within the HSC Trusts. The “relevant Director” shall be determined by the individual Trust and will reflect the LD Programme of care.
- inform the Chair of the Incident Control Team of an early alert warning of the potential of a critical incident as per definition at 1.1 with reference to activation arrangements
- establish MAH Response Team (for assessment and possible relocation of residents)
- activate Trust Business Continuity Plans
- take all necessary preliminary actions to manage the presenting situation including:
 - addressing the needs of patients and their relatives and liaising with MDT to establish residents fitness to move etc. as required
 - convening meetings with residents, relatives and service providers
 - convening meetings with other stakeholders/ unions/ professional bodies/ public representatives
 - the redeployment and co-ordination of HSC Trust health and social care resources, including staff
 - liaise with ICT communication lead regarding local communication strategy
 - maintain an incident log
- appointing Trust representatives as members of the ICT who have appropriate authority to act on behalf of the Trust
- attend meetings of the Incident Control Team
- submit situational reports(SitReps) to HSCB and other organisations as requested by the HSCB ICT
- inform (update) other relevant staff i.e. Directors and Senior Managers of the incident and changing circumstances

Trusts are required to make thorough preparations to respond to critical incidents, in accordance with their statutory duties and relevant guidance. If a critical incident occurs within the hospital sector, Trusts should make every reasonable effort to deliver an effective response using local resources and through cross trust working.

To enhance service capacity, consideration should be given to the following as appropriate

- use of other hospitals
- relocation of staff from other services to assist
 - Trust staff (community and/ or acute care services) may be utilised to provide facilities, support and services

- Another Trust taking over management responsibility for the hospital upon legal advice and due consideration to any implications
- Support from other Trusts for example in relation to out of Trust placements
- identification of priority services as per Trust business continuity plan

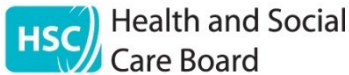
Despite thorough preparations, it is possible that an incident such as this is so large, complex or unusual that it exceeds the capacity of a single Trust to respond adequately. In such situations, consideration should be given to repatriating residents to their own Trust area.

RQIA (Tactical) Action Card

Key Actions (for further development)

- Provide regular monitoring of the hospital throughout the process to ensure the health, safety and welfare of residents
- Ensure that regulatory standards are maintained within the hospital
- Facilitate the closure and/or re-registration of the facility
- Provide update reports to the ICT on the conditions for residents within the hospital and any progress in relation to closures/ de-registration/re-registration procedures

HSCB Communications Action Card



Muckamore Abbey Regional Contingency Response: Communications Pathway

Communications Lead / On-Call Communications Officer alerted to incident.



Make contact with HSCB Communications Team to alert re incident and request additional support, if necessary, via email/telephone or WhatsApp



Alert HSC Heads of Communications / On-Call Communications Officers in each HSC Trust (as appropriate)/ DoH / RQIA (via e-mail or telephone).



Liaise with key point of contact on Incident Control Team (ICT) to ascertain details and arrangements for handling communications



Keep HSCB Senior Management Team informed as appropriate



Participate in ICT tele calls/briefings as required and advise on communications activity, such as drafting holding lines, updates for social media, developing key messages, Comms channels to be utilised, agreeing timing of media statements / media briefings, agreeing spokespeople, developing briefing materials for spokespersons, ascertaining need for media room/rotas etc., advising on engagement with stakeholders, including political parties.



Detail all agreed actions on a one page Comms action plan



Brief HSCB Communications colleagues as required on individual roles and actions



Liaise regularly with DoH/HSC Trusts Heads of Communication, RQIA, setting up regular video calls as required, ensuring there is a coordinated response/sharing of information and clarity on roles and responsibilities.



Ensuring timely and accurate communications with staff and residents/families and liaison with the providers, representative bodies TUS, and a sharing of statements/lines as appropriate.



Ensure appropriate statement/releases are cleared by ICT Chair and Spokespersons are briefed. All press releases to be shared with DoH/Trusts Comms via normal protocol

Set up group email list for all communications to ensure consistency of approach and message



Designated communications officer within HSCB Comms team to set up a master log to record all media enquiries, all holding lines, interview bids, engagements, briefing documents etc.



Ensure communications team keeps itself abreast of progress and developments, and of media/ public interest, and manages workload and activity appropriately



Communications team monitors mainstream and social media activity throughout incident and takes all appropriate steps to clarify any inaccuracies and provide reassurance as appropriate



Communications to review communications handling and put in place appropriate arrangements (either mutual aid or handover to another organisation if appropriate) particularly if the incident is over a prolonged period or moves into a new phase (not led by HSCB).



Debrief Communications Team following incident



Evaluation / lessons learned

HSCB Communications Team contact details (in and out of hours) 028 9536 3278

Informatics/ Finance/ Legal Action Plan

HSCB Informatics, Finance and Directorate of Legal Services will provide on-going advice and support throughout the process as required

Regional ICT Agenda

<i>Incident title</i>				
Venue:				
Date:		Time:		
AGENDA				
	Items	Action required	By who	By when
1	Welcome and introduction			
2	Terms of reference <i>Defining roles and responsibilities</i>			
3	Incident brief			
4	Urgent actions / decisions			
5	Actions from previous meetings			
6	Situational awareness Overview of incident and impact- current information			
7.	Risk Assessment Overview of current risk and mitigation arrangements			
8	Organisational updates <ul style="list-style-type: none"> • HSCB • Trusts • Hospital • List others as appropriate to incident 			
9	Update from Trusts- report by exception <ul style="list-style-type: none"> • <i>Key issues for reporting to be defined</i> 			
10	Communication Plan <ul style="list-style-type: none"> • Update from Comms Lead • Organisational Communications • Update on public/media response 			

11	Mutual aid requirements <ul style="list-style-type: none"> • Strategic aim • Strategic intentions (short, medium, long term) 			
12	Business Continuity and Recovery			
13	Summary of actions			
14	Next meeting			

Template New Developments/Key Decisions and Action Log

MAH Regional Contingency Incident Control Team
(HSCB to Complete)

New Developments (Date:)

Key Decisions Log

Date and Time

Completed By

<i>Decision Number</i>	<i>Decision</i>	<i>Person Responsible</i>
1		
2		
3		

Regional Business Continuity Incident Control Team Meeting

Chair:

Date	Action No	Action Agreed	Person Responsible	Status
	1			
	2			
	3			
	4			



Health and Social
Care Board

Martin G Quinn

Deputy Director of Social Care and Children

Social Care and Children's
Directorate Health and Social Care
Board
12 – 22 Linenhall Street
Belfast
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Sent Via Email

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Mr Mark Lee
Director of Disability & Older People
Department of Health
D4.16, Castle Buildings
Stormont Estate
Belfast
BT4 3SQ

2nd July 2021

Dear Mark,

Re: Regional Contingency Plan for Muckamore Abbey Hospital

I have submitted the HSCB Regional Contingency Plan which covers all Trusts and has been approved by the HSCB. As you will see the group which convened to progress the plan considered a wide range of options in response to imminent and unexpected closure of the hospital.


A critical assessment of the options outlined in the paper indicates that there are a very limited number of options which would be available to be used immediately which is of concern and these will be dependent on expedited legal processes. The balance between haste and impact on the patient's and carer well-being would present a real and significant challenge and there would be the potential to de-stabilise other placements and the current community workforce and providers.

The process outlined in this paper, which could lead to an eventual temporary hospital closure, may be a protracted one and will be stressful for residents and their families. Invoking this plan should be avoided if at all possible due to the potential impact to patients and the high risk of de-stabilising existing care. If invoked, it would be incumbent on all parties to minimise disruption and distress for patients and families.

A mixed approach would be most likely to assist in the event of rapid and unexpected closure. Attempts to stabilise the workforce within Muckamore have been successful thus far and perhaps building on this by progressing some of these discharges at the same time as supporting patients with trust LD staff would be beneficial.

I am happy to have further discussions.

Yours sincerely



Martin Quinn

Interim deputy Director, Social Care and Children

Copy to: S Gallagher, Chief Executive HSCB
B Whittle, Director HSCB
L Conn, Programme Manager HSCB



**FROM THE DIRECTOR OF DISABILITY AND
OLDER PEOPLE**

Ms Catherine Cassidy
Deputy Director Social Care & Children, HSCB

Via e-mail: catherine.cassidy@hscni.net

Castle Buildings
Stormont Estate
BELFAST, BT4 3SQ

Email: mark.mcquicken@health-ni.gov.uk

Tel: 028 90 523407

Date: 19 October 2021

Dear Catherine

REGIONAL CONTINGENCY PLAN FOR MUCKAMORE ABBEY HOSPITAL

I am writing to you in relation to the Draft Regional Contingency Plan Version 12 (the Plan) Muckamore Abbey Hospital, which was shared with the Department by your predecessor Martin Quinn on 2 July 2021. Please accept my apologies for the delay in responding to the Plan; as I am sure you can appreciate the recent months have proven a challenging time with a number of competing pressures and staff availability.

The Plan has been shared with colleagues across the Department and this response incorporates their comments and concerns. Annex A contains queries and comments in relation to specific detail whilst this letter provides a general overview.

I appreciate that significant work has gone into the Plan but it is disappointing and concerning that it is not clear what the immediate short term regional contingency is, should safe care no longer be able to be provided at Muckamore Abbey Hospital, nor what plans or processes are in place to instigate any regional contingency arrangements. These need to be clearly articulated and set out within the document to enable active preparation/understanding.

You will be aware of the current fragility of the staffing situation in Muckamore Abbey Hospital which is highly dependent on agency staff to fill the gaps and that this has been highlighted as a key risk on the Belfast Trust risk register. Recent events, including those at St. Johns Hospital and the recent admission of 2 patients into Muckamore Abbey Hospital have starkly highlighted the pressing need for immediate options to be available as soon as possible in the event of emergency action being required. As a result I would appreciate confirmation that planning and preparation for the instigation of contingency arrangements is underway, or ideally complete, to be ready to be implemented should activation of the Plan be needed.

This includes identification of the services that will be affected by any proposed contingency arrangements i.e. services which will be stopped or reduced; the staff who have been identified and prepared for transfer to Muckamore to support services there should the need arise and also identification of the impact this will have on the substantive services affected. Confirmation should be provided that this has been considered and that agreed plans, scalable according to the situation, are in place.

Where the Plan states that actions are dependent on 'expedited legal processes', the Contingency Plan should outline what these are, how they will be expedited and confirmation that there is a plan in place in order to do so.

Finally, it is not clear from the Plan that a number of the options included, such as the provision of wards in Lakeview and Knockbracken, have been agreed and that work has started to develop these in the event of being needed.

Grateful if you could revisit the Plan and share a revised draft of the plan with the Department for consideration no later than **16 November 2021**.

I would be very happy to meet with you to discuss the Plan and the issues outlined in this letter and attached Annex, if you consider that would be helpful to aid progress of the production of an agreed Regional Contingency Plan for Muckamore Abbey Hospital. My personal secretary, Karen Dowie, can be contacted on karendc.dowie@health-ni.gov.uk, to organise.

Yours sincerely



Mark McGuicken
Director of Disability and Older People

CC:

Sean Holland, DOH
Mary Francis McManus, DOH
Brendan Whittle, HSCB
Lorna Conn, HSCB
Jerome Dawson, DOH
Aine Morrison, DOH
Ian McMaster, DOH
Siobhan Rogan, DOH
Máire Redmond, DOH
Darren McCaw, DOH

ANNEX A

DoH Comments on DRAFT – Regional Contingency Plan Version 12 – Muckamore Abbey Hospital

Doc ref	DoH comment/query	HSCB Comments/response
<p>Pg 2</p> <p>1. Purpose</p> <p>The purpose of this paper is to present short, medium and longer term potential solutions</p>	<p>The cover page states that ‘This document describes the regional HSC response to the need to plan for an unexpected and rapid closure of the facility’ but the purpose talks about short medium and longer term solutions, might be helpful to clarify which it is</p>	
<p>Pg2</p> <p>3. Context of delays to discharge</p> <ul style="list-style-type: none"> • Availability of Bespoke accommodation • Provider capacity & capability • Staff Recruitment • Availability of a stepped care model • Availability of community infrastructure • 	<p>While the Plan acknowledges these are ‘current challenges’ I don’t think that these can be considered acceptable reasons for patients being delayed in their discharge from hospital - the delays are not current, some delays are going on for years/decades. The Plan should include acceptable mechanisms to provide updates on what is happening to address the challenges outlined here (and an assurance that the mechanisms are effectively addressing these issues).</p>	
<p>Pg3</p> <p>4. Critical assessment of immediate solutions</p>	<p>Do we know what legal processes would need to be expedited?</p>	

Doc ref	DoH comment/query	HSCB Comments/response
<p>A critical assessment of the options outlined in Appendix 1 indicates that: - A very limited number of options exist which would be available to be used immediately and these would be dependent on expedited legal processes</p>		
<p>Pg3 4. Critical assessment of immediate solutions It may be that consideration should be given to staff in Muckamore transitioning with patients into their alternative placements.</p>	<p>Is this a possibility, if so what would need to be in place for this to happen. Does this solution rely on Agency staff or would this solely relate to substantive staff? If this plan needs to be invoked it is likely that this would be time critical therefore if staff could transition with patients we need to have all background work done on that now. Has any assessment been done on those patients that this would allow for immediate release and how would this would impact the remaining patients?</p>	
<p>Pg3 4. Critical assessment of immediate solutions A mixed approach would be most likely to assist in the event of rapid and unexpected closure. Attempts to stabilise the workforce within Muckamore have been successful thus</p>	<p>Are BHSCT describing workforce as stable – we had a risk summit earlier this year where they outlined that they could not recruit a clinical director? The current staffing model is also heavily reliant on Agency staff which we understood continues to cause significant issues?</p>	

Doc ref	DoH comment/query	HSCB Comments/response
<p>far and perhaps to build on this by progressing some of these discharges at the same time as supporting patients with trust LD staff would be most beneficial.</p>		
<p>Pg3 5.1 Notification and Recording of the Incident</p> <p>It is anticipated that this plan will be activated by management of the Hospital based within the BHSCT and notified to DOH, HSCB and the HSC Trusts.</p>	<p>Is there a plan in place in Trust about how this will be activated?</p> <p>Notification of incident to DoH and other HSC Trusts are not included in flow chart on pg 5</p>	
<p>Pg4 6.2 Initial Assessment of the level of response required</p> <p>It will be particularly important to engage with the BHSCT at the earliest opportunity and to ensure effective communication with that individual / company throughout the process.</p>	<p>I'm not sure what this means?</p>	
<p>Pg6 7.5 Host Trust</p>	<p>Assume this would be BHSCT in this case – should it state that?</p>	

Doc ref	DoH comment/query	HSCB Comments/response
<ul style="list-style-type: none"> The Host Trust (registered person in control) at the Centre of the incident should be minded of their role and responsibility to Director of HSCB and RQIA for maintaining a safe and effective service throughout the process and to provide immediate notification of any change in circumstances. 		
<p>Pg6 7.5 Host Trust</p> <ul style="list-style-type: none"> The Host trust would be responsible for an immediate review of the needs of the existing group of patients to identify those who need hospital placement and who can be accommodated within the community facilities. 	<p>Surely this could happen now so that this information would be immediately available?</p>	
<p>Pg7 8. Membership of Regional Incident Control Team (ICT)</p> <ul style="list-style-type: none"> Directors of Social Work in HSCTs 	<p>What is their role? If you need inpatient care or medics and nurses should medical Directors and Directors of Nursing be involved?</p>	

Doc ref	DoH comment/query	HSCB Comments/response
<p>Pg7</p> <p>8. Membership of Regional Incident Control Team (ICT)</p> <ul style="list-style-type: none"> Director or Deputy Director, Social Care Division, DOH 	<p>Would it not be Director of Disability and Older People, DoH?</p>	
<p>Pg10</p> <p>Appendix 1</p> <p>Consideration of Each Potential Solution</p> <p>Acceleration of refurbishment of Lakeview and scoping of possibility of increased bed capacity</p>	<p>Can this be revisited, Lakeview opened as three/four new wards around 2005 – now one ward - what are the former wards now being used for and why would refurbishment take so long?</p>	
<p>Pg11</p> <p>Appendix 1</p> <p>Consideration of Each Potential Solution</p> <p>Scoping of the possibility of NHST opening a ward in Holywell/ Whiteabbey</p>	<p>This probably needs updated to reflect current Holywell proposal?</p>	
<p>Pg11/12</p> <p>Appendix 1</p>	<p>Are there not wards on Knockbracken site that have closed in last 5-10 years – can they not be used?</p>	

Doc ref	DoH comment/query	HSCB Comments/response
<p>Consideration of Each Potential Solution</p> <p>Scoping of possibility of BHSCT opening a ward i.e. at Knockbracken</p>		

Annex A

MAH HSC Action Plan – update on actions open at October 2022 – position as of February 2024

RAG Rating	
Completed	
Work in progress	
Progress required	

February Totals (19 Actions)	
Green	5
Amber	13
Red	1

Area	Action No.	Detail	Action Owner	February 2024 Update	February 2024 Rating
Workforce	A5	By 30 September 2021, develop specialist staff training and a model of support to upskill the current workforce providing care to people with complex needs and challenging behaviours to support current placements and develop capable environments with appropriate philosophy of care e.g. Positive Behaviour Support, and prevent inappropriate re-admissions to hospital, and by June 2022 deliver training to an agreed cohort of staff.	DoH/SPPG/ HSC Trusts	January 2024 It is proposed that the work required in respect of A5 will be taken forward via the Learning Disability Strategic Action Plan Task and Finish Group and it is suggested this action should therefore be closed/green on the MAH Action Plan.	

Area	Action No.	Detail	Action Owner	February 2024 Update	February 2024 Rating
Workforce	A37	By September 2021 , develop an evidence based plan for recruitment, training and retention of a sufficiently skilled multi-disciplinary workforce, including people skills, to undertake and deliver therapeutic and clinical assessment and intervention across both inpatient and community services.	DoH	<p>January 2024</p> <p>Plans are in place to share the Behaviour Support Workforce Development Survey (completed by British Institute of Learning Disability, commissioned by former HSCB/SPPG/PHA) with salient staff in PHA/SPPG, to note findings. As noted above, it is suggested that work required in respect of A5 to develop specialist staff training and a model of support to upskill the current workforce, could be addressed via the Learning Disability Strategic Action Plan Task and Finish Group. This group has representation from salient professional groups across Children’s and Adult Services. It is suggested this action should therefore be closed/green on the MAH Action Plan.</p>	
Transformation	A6	By 31 March 2022 , commission HSC Trusts to develop robust Crisis and Intensive Support Teams,	SPPG/PHA	<p>January 2024</p> <p>It is proposed that Community Assessment and Treatment</p>	

Area	Action No.	Detail	Action Owner	February 2024 Update	February 2024 Rating
		including local step up and step down services, flexible staff resources and Community Treatment services, to support safe and timely resettlement of in-patients from MAH drawing on findings from the independent review of acute inpatient care.		Services will be progressed via associated work linked to the Learning Disability Strategic Action Plan, specifically the Learning Disability Adult Task and Finish Sub Group led by DoH and SPPG Officials. Following the Resettlement Summit strategic conversations are ongoing to enhance community provision and support equality of access to services for individuals with a learning disability.	
Transformation	A38	By March 2022 , deliver community and home treatment services and support placements for people with learning disability so that all assessment and treatment options are explored, undertaken and exhausted in the community where possible and only in hospital when indicated/necessary.	SPPG/PHA/ HSC Trusts	<u>January 2024</u> It is intended that Community and Home Treatment Services will be progressed via associated work linked to the Learning Disability Strategic Action Plan, specifically the Learning Disability Adult Task and Finish Sub Group led by DoH and SPPG officials.	
Transformation	A39	By 31 December 2019 support HSC Trusts to complete a regional review of admissions criteria and develop a regional bed management protocol for	SPPG/PHA/ HSC Trusts	<u>January 2024</u> Discussion is ongoing with HSCTs, SPPG and DoH Officials to finalise the Regional Mental Health Bed	

Area	Action No.	Detail	Action Owner	February 2024 Update	February 2024 Rating
		learning disability services.		Management Protocol with consideration being given to including an addendum re access to Specialist Learning Disability beds, rather than two separate MH and LD Bed Management Protocols. It is suggested this approach may support staff when working to access appropriate inpatient care and treatment, for service users with a learning disability, in accordance with assessed needs and risks. However, further discussion and consideration is required.	
Transformation	A40	By 30 November 2019 , appoint a regional bed manager for all 3 current in-patient units.	SPPG/HSC Trusts	<u>SPPG Update at June 2023: SPPG Regional Bed Manager commenced post October 2022.</u>	Closed per June 23 MDAG
Transformation	A41	By March 2022 , taking into account the outcome and recommendations of the independent review of acute care for people with learning disabilities support HSC Trusts to develop regional care pathways for inpatient care to ensure that admissions are	SPPG/PHA/HSC Trusts	<u>January 2024</u> Work is ongoing to progress regional care pathways for inpatient care. This will include consideration of community-based assessment and treatment, clear thresholds for hospital admission and processes to support timely	

Area	Action No.	Detail	Action Owner	February 2024 Update	February 2024 Rating
		planned and delivered in the context of an overall formulation. This should include community based assessment and treatment, clear thresholds for hospital admission and timely, supported discharge from hospital. (See Permanent Secretary commitments).		discharge from hospital.	
Children and Young People	A12	By March 2021 develop a regionally consistent pathway for children transitioning from Children's to Adult services, including: <ul style="list-style-type: none"> • People with learning disability and complex health needs. • People with Learning disability and social care needs. • People with learning disability and mental health needs (consistent with the CAMHS care Pathway) • People with LD who exhibit distressed behaviours. 	SPPG/PHA/ HSC Trusts	January 2024 Further workshop held 01/02/24 to progress the development of regionally consistent Transition Pathway.	
Children and	A14	By 31 December 2020 review the needs of children with	SPPG/PHA/	January 2024	

Area	Action No.	Detail	Action Owner	February 2024 Update	February 2024 Rating
Young People		learning disability that are currently being admitted to Iveagh Centre and to specialist hospital / placements outside of Northern Ireland with a view to considering if specialist community based service should be developed locally to meet their needs. This should be aligned to the ongoing regional review of children's residential services.	HSC Trusts	Work continues to be progressed via the Learning Disability Strategic Action Plan and Children's Disability Reform Group in respect of placements in Iveagh and ECR applications. Updated Service Specification in respect of Iveagh continues to be worked on.	
Safeguarding	A23/31	By 30 June 2020 , complete a review of Adult Safeguarding culture and practices at MAH, to inform wider consideration of regional safeguarding policy and procedures taking account of lessons also emerging from the Independent Review into Dunmurry Manor.	Belfast Trust & DoH	<p><u>January 2024</u></p> <p>No change advised from Policy area further to November 2023 update included below.</p> <p><u>DoH ASG Team update:</u></p> <p>CPEA recommendations included a major adult protection change programme in N. Ireland and consideration of an Adult Protection Bill. This work is being led by the DoH with the introduction of a new Adult Protection structure in N. Ireland.</p>	

Area	Action No.	Detail	Action Owner	February 2024 Update	February 2024 Rating
				<p>The Adult Protection Transformation Board, chaired by Peter Toogood the Deputy Secretary for the Social Services Policy Group has been established and BHSCT are represented on this Board. The Transformation Board meets monthly.</p> <p>An Interim Adult Protection Board (IAPB) was established in February 2021 and an IAPB update is now a standing item on the Transformation Board agenda.</p> <p>DoH undertook a public consultation to inform the development of the Adult Protection Bill. The purpose of the new legislation is to introduce additional protection to strengthen and underpin the adult protection process. The consultation was open for 16 weeks (17 December 2020 to 8 April 2021). An Analysis Report of responses, along with a policy paper outlining our final proposals for the way forward, have been published to the DoH</p>	

Area	Action No.	Detail	Action Owner	February 2024 Update	February 2024 Rating
				<p>website. Officials are currently liaising with Departmental Solicitors and the Office of Legislative Counsel to develop the draft Bill. The intention is to introduce the draft Bill to the Assembly as soon as possible, bearing in mind the ongoing political situation. The Transformation Board approved the draft Bill as it stands at their meeting in July 2023, with the caveat that some further work is required on a small number of clauses where some details must be finalised. The Bill Team are working alongside colleagues from the Office of Social Services and legal advisers to resolve the outstanding issues.</p> <p>The Bill Team is continuing to develop the business cases to account for the resourcing demands of the draft Bill. Costings for the Strategic Outline Case (SOC) were approved by the Transformation Board at their meeting in October 2023. Some</p>	

Area	Action No.	Detail	Action Owner	February 2024 Update	February 2024 Rating
				<p>additional detail has been requested from DoJ relating to costs around courts and legal aid, and from the Trusts in terms of current adult safeguarding budgets. Once this additional detail has been received, we expect to move into formal approvals for the SOC. Once the SOC has been approved, it will need to be followed by an Outline Business Case (OBC), which will need to be approved by the Department of Finance before the draft Bill can be introduced. Considerable work is still ahead of us on the business cases.</p> <p>A further public consultation relating to the Statutory Guidance, which will accompany the draft Bill, is being developed. It is expected that the consultation will launch while the draft Bill is undergoing its Assembly Stages. A working group to develop the draft document has been set up, including membership from the HSC Trusts, the RQIA, and the PSNI. This working group</p>	

Area	Action No.	Detail	Action Owner	February 2024 Update	February 2024 Rating
				continues to meet on a quarterly basis.	
Safeguarding	A32	By December 2021 , carry out a review of regional Adult Safeguarding documentation, to inform wider consideration of regional safeguarding policy and procedures taking account of lessons also emerging from the Independent Review into Dunmurry Manor.	SPPG	<p><u>January 2024</u></p> <p>Policies & Procedures: Adult Joint Protocol work completed and will be shared with IAPB members for comments. Policy sub-group will now focus on a revision of the Operational Policies & Procedures 2016. Randal McHugh SPPG will chair this subgroup.</p> <p>Data requirements being finalised, taking cognisance of Encompass. Workshop 11/12/23 facilitated discussion re positive outcomes/what good means in safeguarding practice to identify Key Performance Indicators to support performance improvement. Key consideration will be how service users experience the process and if they are able to self-report feeling safer.</p> <p>Engagement Hub; IAPB held an engagement event recently, aiming to enlist a number of service</p>	

Area	Action No.	Detail	Action Owner	February 2024 Update	February 2024 Rating
				<p>users/carers to the hub to support IAPB's Involvement Strategy. No expression of interest or nominations received to hub to date. Options being explored at present to increase engagement levels.</p> <p>IAPB Subgroup completed a research and literature review of Serious Case Review Protocols. SPPG Officials developing a draft protocol for consideration by IAPB.</p> <p>Draft briefing paper in development to describe findings and proposals of summer workshops to identify and review current ASG training. Current Training Framework to be benchmarked against COPNI and CPEA recommendations. Ongoing consideration of training requirements linked to planned legislative changes (Adult Protection Bill requirements).</p>	
Leadership and	A44	By March 2022, complete a review of the accountability	DoH	<u>February 2024</u>	

Area	Action No.	Detail	Action Owner	February 2024 Update	February 2024 Rating
Governance Review		arrangements for DSF.		<p>The changes to the statutory functions process and reports instigated by SPPG has resulted in considerable improvements to data quality and analysis.</p> <p>The Chief Social Work Officer has briefed and provided advice to Permanent Secretary and DARAC on issues arising from 2022/23 report.</p> <p>Work continues on finalising the circulars.</p>	
Leadership and Governance Review	A45	The Department of Health should consider extending the remit of the RQIA to align with the powers of the Care Quality Commission (CQC) in regulating and inspecting all hospital provision.	DoH	<p><u>January 2024</u></p> <p>The Policy area have advised there is no change to the update provided in June 2023 included below.</p> <p><u>June 2023</u> The Department is currently operating within a significant budget deficit and, pending the restoration of the NI Executive, is required to make decisions in relation to the work it can deliver within current resources. In this</p>	

Area	Action No.	Detail	Action Owner	February 2024 Update	February 2024 Rating
				context, work on the Review of Regulation is currently paused to allow for other priority projects to progress. Timescales in relation to recommencing this work will depend on the priorities of an incoming Minister and available resources within the Department.	
Leadership and Governance Review	A46	By June 2021, develop in partnership with patients, relatives and carers a plan for the future configuration of services to be delivered on the Muckamore Abbey Hospital site, including appropriate management arrangements.	DoH	<p><u>February 2024</u></p> <p>The BHSCT submitted an initial implementation plan for the closure of MAH to the Dept. on 3 November 2023 – this is currently under consideration and the Dept. will continue to liaise with the Trust on the content of the plan.</p> <p>As outlined by the Permanent Secretary when announcing the decision to close MAH, the effective date if closure will be dependent on the successful resettlement of the current in-patients.</p> <p>Development of future service provision needs and structures will be taken forward as part of the</p>	

Area	Action No.	Detail	Action Owner	February 2024 Update	February 2024 Rating
				wider work on the Learning Disability Strategic Action Plan and associated T&F Group.	
Leadership and Governance Review	A49	Specific care sensitive indicators should be developed for inpatient learning disability services and community care environments.	SPPG/PHA	January 2024 On-going discussion to support progression. As before, it is proposed associated work is taken forward under the Learning Disability Strategic Action Plan umbrella task and finish group; suggesting this approach would ensure that KPI's are developed on our future model of care.	
Leadership and Governance Review	A50	By January 2021, complete disciplinary action in respect of first 7 individuals whose cases have been forwarded by PSNI to PPS. Action against a further 9 individuals will commence when PSNI confirm their cases have been forwarded to PPS.	Belfast Trust		Closed per agreement at August 2023 MDAG
Leadership and Governance Review	A51	The Trust has instigated a significant number of managerial arrangements at MAH following events of 2017. It is recommended that the Trust considers sustaining	Belfast Trust		Closed per agreement at August 2023 MDAG

Area	Action No.	Detail	Action Owner	February 2024 Update	February 2024 Rating
		these arrangements pending the wider Departmental review of MAH services.			
Leadership and Governance Review	A52	By March 2021, complete a review of advocacy services. The Trust is engaging with representatives of Families Involved Northern Ireland (FINI) to develop Terms of Reference for a review of its advocacy arrangements.	Belfast Trust		Closed per agreement at August 2023 MDAG
Leadership and Governance Review	A54	In addition to CCTV's safeguarding function it should be used proactively to inform training and best practice developments.	Belfast Trust		Closed per agreement at August 2023 MDAG

Patient and Client Council

Your voice in health and social care

Bamford Monitoring Group Reconfiguration

Context

A review has been undertaken of the Patient and Client Council (PCC) Bamford Monitoring Group (BMG); with particular focus on outcomes, terms of reference and alignment to the external strategic environment.

This has been complemented by a mapping of the current environment within mental health and learning disability. Consequently, the strategic and policy directives have indicated a need to reconfigure this area of work within the PCC, with separate structures to support these areas of work in their totality.

In the 2021/2022 financial year, the PCC propose a reconfiguration of the existing operational model under BMG to a more constructive model aligned with the emerging policy directives which it supports. The reconfiguration will result in three distinct areas of work; these domains will work in unison to address policy outcomes and user involvement; the model will be referred to as 'Beyond Bamford'.

The distinct areas of work will be:

1. Mental Health
2. Learning Disability
3. Independent Public Advocate support for the Public Inquiry – Muckamore Abbey Hospital

Mental Health and Learning Disability

Outcomes

Through the appointment of a 'Beyond Bamford' Project Coordinator, the PCC will establish independent regional coproduction service user and carer infrastructures for learning disability and mental health: Engagement Platforms. The engagement platforms will serve as a central point for communications, engagement and participatory work pertaining to the specific programmes of learning disability and mental health as two separate entities. It will serve as a tool for bringing together information and key areas of work, but more importantly, utilising lived experience to inform and evolve action in this realm. However, key to this ongoing engagement is the trust and confidence that such engagement is meaningful. This hinges on the ability to demonstrate a connection to policy discussion and influence at an operational and strategic level which is reliant on two-way information flow.

Co-production

The platform will serve as an enhanced way of engaging and ensure adequate representation and engagement on a broad thematic of work. It will provide opportunity to focus on more specific elements of work that are interlinked to the broader focus area. It will also use a network of networks approach whereby key representatives will cascade information to their members. Having a centralised process for all stakeholders strengthens the patient voice and processes.

The PCC Make Change Together (coproduction recruitment model) and Membership Scheme will support all aspects of our work bringing it in line with the current model. This process will be used to recruit individuals for key elements of work and collectives for broader engagement.

Learning Disability:

The model will support implementation of the proposed 'We Matter' (2021) Learning Disability Service Model for Northern Ireland, with particular focus on its six key ambitions;

1. Life Changes;
2. Health and Well-being;
3. Carers and Families;
4. Meaningful Lives and Citizenship;
5. Home;
6. Assessment and Treatment;

Furthermore, additional focus will link into the emerging issues of those living with a learning disability as well as further policy areas such as safeguarding, advance care planning and service access

Mental Health:

The reconfigured model and engagement platform will support the Mental Health Action Plan (2020) and Strategy with overarching objectives and key areas of focus for PCC.

Outputs

The 'Beyond Bamford' Project Coordinator will:

- Oversee, implement and lead on both learning disability and mental health programmes;
- Establish an engagement platform (PCC regional coproduction structures, see Fig.1) for learning disability and mental health
- Manage and support engagement platforms, stakeholder engagement and facilitate opportunities for involvement internally and externally;
- Support and inform strategy, policy and action plans;

- Support mental health service user consultants in their role, supporting HSCT initiatives and areas of work, maximise opportunities aligned to mental health and localities;
- Facilitate the involvement process and implement coproduction methodologies;
- Engage with the HSC, Department officials and Arms Lengths Bodies;
- Facilitate involvement and engagement opportunities at a regional level, linking with PPI initiatives at a local level within Trust areas;
- Support individual and collective advocacy;
- Support Departmental structures and outcomes.

The 'Beyond Bamford' Project Coordinator will be supported in the area of Learning Disability by a PCC practitioner who himself has a learning disability and a wealth of lived experience and expertise in this area. The PCC practitioner will serve in a PPI role communicating as a peer with key audiences on learning disability. In this role they will:

- Seek to increase involvement of service users and people with lived experience
- Promote and advocate involvement opportunities for people with learning disability;
- Champion the voice of learning disability within HSC structures;
- Facilitate and support engagement and involvement opportunities using current PCC initiatives such as HSC Citizen Hubs, workshops and information sessions for people with learning disability;
- Serve as a community conduit seeking new and innovative ways to support the community and amplify the voice of those living with a learning disability.

Independent Public Advocate support for the Public Inquiry – Muckamore Abbey Hospital

The PCC has been asked to act as an Independent Public Advocate in relation to the Public Inquiry into the abuse at Muckamore Abbey Hospital (MAH). In the context of public inquiries, Independent Public Advocates are responsible for supporting families, carers, and current and former patients by:

- Understanding their needs and their interests.
- Providing support to ensure that families, carers, and patients can understand the purpose and proceedings of the public inquiry.
- Supporting families, carers, and patients to be able to be fully involved in the inquiry process.
- Providing support to those families, family members, and patients who want it.
- Engaging with other public bodies that are responsible for the inquiry in the best interests of families, carers, and patients.

To date the PCC has been engaging with families, carers, current and former residents of MAH in relation to the Terms of Reference for the public inquiry. Work

in this area will continue into 2021/2022, with the scope of the role subject to discussion with relevant stakeholders.

Budget

The current level of funding provided to PCC will be used to fund three posts and associated non-pay costs solely aligned to the proposed reconfiguration and the work outlined. This will ensure delivery of a practice model with a firm focus on key objectives during a transitional phase. Additional support and infrastructure will be offered through our Leadership Management and Executive Management Team. Indicative pay costs for core roles are as follows (MAH advocate salary cost is currently included at 6months subject to discussion with relevant stakeholders):

Role	Hours Per Week	Term	Cost	Cost Recovery
Project Coordinator (Band 6)	37.5	12 mth	£ 41,472	100%
Involvement Officer (Band 5)	18.75	12 mth	£18,457	90%
Advocate (Band 6)	37.5	6 mth	£ 20,736	100%

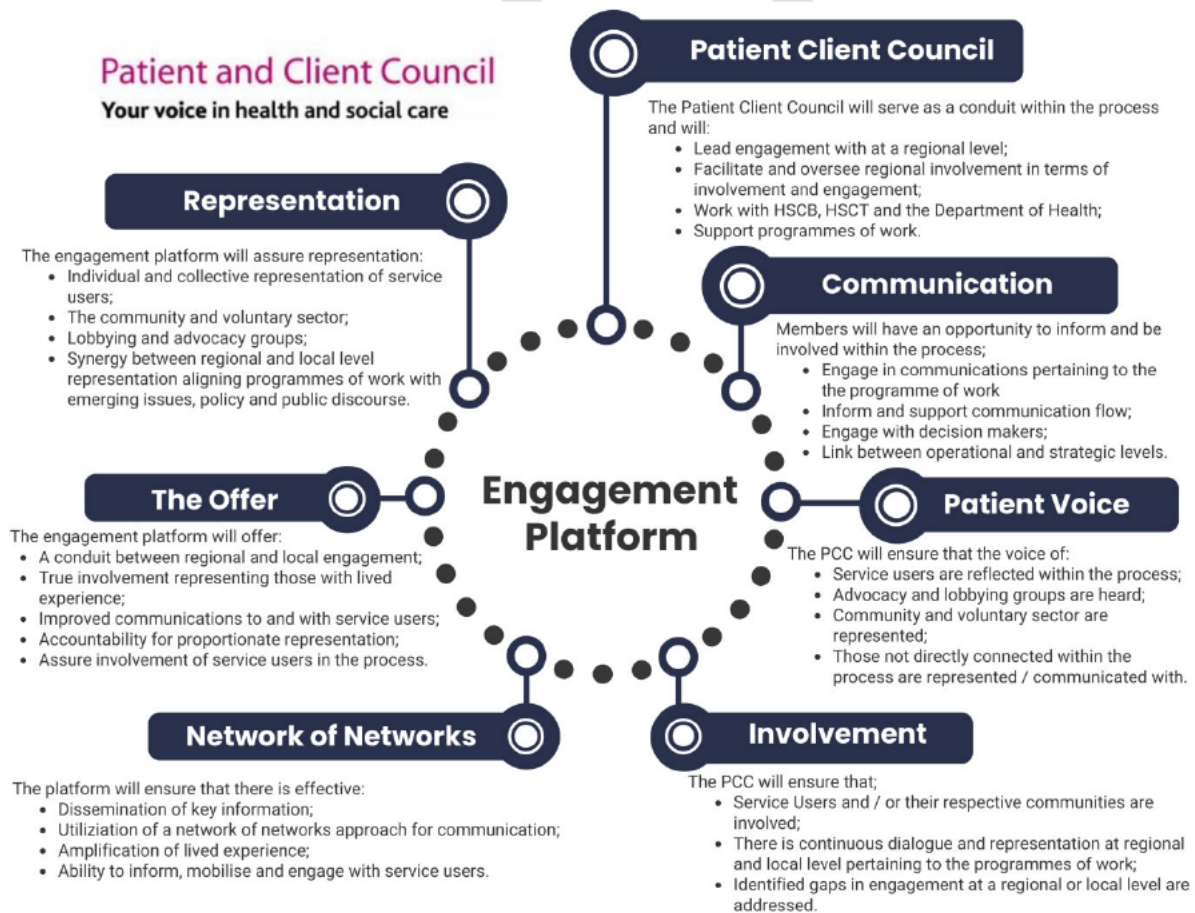


Fig 1. PCC Engagement Platform, 2021

MEMO



From: Tracey Woods
Head of Internal Audit

Date: 7th June 2018

To: Richard Pengelly
Permanent Secretary

cc: Charlotte McArdle (CNO)
Mary Frances McManus
Denver Lynn (NIAO)
Stephen Knox (NIAO)
Catherine James (NIAO)
Darren McCaw (for DARAC Circulation)

INTERNAL AUDIT REVIEW OF CHIEF NURSING OFFICER (CNO) ALERT NOTICES

Please find enclosed the final report on the above mentioned review. The report includes management's formal responses to our recommendations.

I would like to take the opportunity to thank you and your staff for your assistance.

I have also attached a short Customer Satisfaction Questionnaire to provide Charlotte / Mary Frances with an opportunity to tell us about the quality of the service received and any suggested ways in which it could be improved.

I would appreciate the questionnaire's return by 19th June 2018.

Tracey Woods



Department of
Health

An Roinn Sláinte

Máinnystrie O Poustie

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Final Report

Internal Audit Review of Chief Nursing Officer (CNO) Alert Notices

Date: 7th June 2018

HPRM Reference: HE1/18/125258

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Acknowledgement

Internal Audit would like to thank management and staff for their co-operation and assistance during this audit assignment.

Introduction, Scope and Background

1.1 Introduction

Internal Audit recently carried out a review of the Chief Nursing Officer (CNO) Alert Notices. The review forms part of the audit programme of work for 2017/18. The objectives and scope for the review were agreed with Charlotte McArdle, CNO, prior to commencement of the audit.

1.2 Scope

The purpose of the review was to provide an opinion on the risk management, control and governance arrangements established by Management over arrangements associated with the procedures / processing of CNO alerts.

The following objective was used as a basis for our evaluations and opinion:

- To ensure that adequate procedures and effective processes / structures have been established for the evaluation of CNO alert requests and for the issuing, recording, reviewing and revoking of alerts.

1.3 Background Information

Workforce Policy Directorate within the Department of Health (DoH) is responsible for the policy contained within HSC JNF (Joint Negotiating Forum) (1) 10 relating to the alert system for registered healthcare professionals (nurses/midwives) whose performance or conduct gives rise to concern that patients, staff or the public may be at risk of harm either from inadequate or unsafe clinical practice or from inappropriate personal behaviour if they continued to work in a professional capacity.

The alert system is not part of either the HSC employees' disciplinary process or statutory regulatory framework. It is an integral part of the system for pre-employment checks. It is intended as a means of alerting prospective employers to check that the applicant's employment record is complete and appropriate references are obtained and that information relevant to safe

employment is known in advance of an appointment being made. During 2016/17 the Department received 47 requests to issue CNO Alerts.

The issuing of an alert therefore does not mean that an individual cannot be employed only that the employer is aware of any necessary restrictions or issues when considering employment.

The CNO is formally responsible for assessing whether or not an alert should be issued and remains in place, and for formally revoking an alert when appropriate.

Executive Summary

2.1 Overall Audit Opinion

Amber	Limited – There are significant weaknesses within the governance, risk management and control framework which if not addressed could lead to the system objectives not being achieved.
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(See Annex 1 for Classifications of Opinion)

We have provided a 'limited' opinion due to the weaknesses highlighted below which increase the risk that patients, staff or the public may be at risk of harm.

Weaknesses identified included:

- The policy relating to the issue of alert notices is ambiguous and contradictory and has not been reviewed since 2010;
- Inadequate internal procedures which provide little guidance and omit Healthcare Professional Alert Notices (HPANs);
- Decision tree design requires amendment to clarify rationale for decisions made;
- Gap in National Clinical Assessment Service (NCAS) process as the Department are currently not receiving HPANs from Scotland or Wales;
- CNO Alert spreadsheet is not user friendly and is not being updated on a timely basis;
- Inadequate process for reviewing bf cases and for tracking / monitoring Nursing Midwifery Council (NMC) / employer requests leading to delays in carrying out six month reviews; and
- Non-compliance with Departmental information management requirements and retention of records (hardcopy files / disposal).

The audit identified some adequate controls over procedures / processes in relation to arrangements associated with CNO alerts. Examples of good practice found to be operating in this review, include:

- Requests for the issue of an alert were made at Chief Executive / Executive Board Member level or by a registered person and forwarded to the CNO;
- A CNO Alert Panel consisting of professionally qualified staff was established to review all new CNO alert requests and existing alerts;
- The CNO reviewed and approved all alert notices/cancellations prior to issue; and
- CNO Alerts / Alert Removal notifications are password protected and e-mailed to key stakeholders with the password issued to recipients in a separate e-mail.

2.2 Key Findings

The number of findings and recommendations (by risk priority) is summarised as follows:

Priority 1	Priority 2	Priority 3
-	8	7

(See Annex 2 for Prioritisation of Audit Recommendations)

Detailed Findings and Recommendations

3.1 Procedures / Processing of CNO Alerts

3.1.1 - CNO Alert Policy

Finding

Workforce Policy Directorate (WPD) is responsible for the policy relating to the issue of alert notices for healthcare professionals (nurses/midwives) in Northern Ireland (HSC JNF (1) 2010). This guidance was issued to key stakeholders during April 2010 and placed on the Departmental internet. On reviewing the guidance we noted elements which are unclear or contradictory. The policy has also not been reviewed since being issued. We noted that the need for a review was highlighted by the CNO during 2013 and by the Departmental Solicitors Office following challenges to the alert process however to date no review of the policy has been undertaken by Workforce Policy Directorate due to competing priorities.

We have been advised that a letter from the CNO was issued on 23/01/15 to clarify that the alert notices extend across all health and social care settings and not just HSC Trusts, however no evidence could be provided to demonstrate this letter issued to all relevant parties and it has not been published on the Departmental internet. In addition no reason could be provided to explain why clarification of the policy issued from the CNO rather than Workforce Policy Directorate even though they had been consulted.

On reviewing ten CNO Alert requests received we noted that in all instances the request included the name, last known address and national insurance number of the individual and a summary of the circumstances leading to the request. We did however note that the quality and detail varied between employers potentially due to the fact that there is no standard template to guide referring employers. We also noted that in two instances there was considerable delay between the incident and the subsequent referral to

<p>the CNO. This appears to be due to differing interpretation by employers regarding the stage at which an alert request should be submitted potentially as a result of the contradictory / ambiguous alert policy.</p>		
<p>Risk</p> <p>If the policy is ambiguous / contradictory there is a risk that the scheme may be open to interpretation resulting in inaccurate / inconsistent application which could potentially lead to challenge. In addition if amendments / clarification on guidance is not readily circulated and published there is a risk that relevant parties will not be made aware.</p>		
<p>Recommendation 1</p>		<p>Priority: 2</p>
<p>Management should liaise with Workforce Policy Directorate to progress the review of the HSC JNF (1) 2010 as soon as possible.</p>		
<p>Management Response</p>	<p>Responsible Owner</p>	<p>Implementation Date</p>
<p>Accepted Management in CNO Group and WPD will prioritise the outstanding review of the content and implementation of the Alert policy and underpinning Circular.</p>	<p>Marc Bailie</p>	<p>Review report submitted to TMG by 31/12/18.</p>
<p>Recommendation 2</p>		<p>Priority: 3</p>
<p>Management should consider introducing a standard template to aid referring bodies in supplying all necessary information.</p>		
<p>Management Response</p>	<p>Responsible Owner</p>	<p>Implementation Date</p>
<p>Accepted Management will incorporate this consideration into the review.</p>	<p>Marc Baillie</p>	<p>31/12/18</p>

3.1.2 – CNO In-House Procedures		
Finding		
Internal CNO Alert Letter procedures have been documented to provide guidance for staff operating the scheme, however when reviewing this guidance we noted these procedures are very brief and act as a desktop guide to undertaking the administrative aspects of the process only. While these are useful and would act as a prompt to new / temporary staff they do not provide guidance on the decision making process. We also noted that the guidance did not include instructions relating to Healthcare Professional Alert Notices (HPANs).		
Risk		
If internal procedures are not clearly documented and complete there is a risk that staff are not fully aware of their roles and responsibilities resulting in the inaccurate / inconsistent application of the alert process which could potentially lead to challenge.		
Recommendation 3		Priority: 3
Management should review and expand on the in-house CNO Alert Procedures to ensure that it provides guidance on all aspects of the CNO Alert Process and provide adequate guidance on the decision making process.		
Management Response	Responsible Owner	Implementation Date
Accepted Management will review the in-house CNO Alert Procedures to include the decision making process.	Mary-Frances McManus / Geraldine Pyper	31/12/18

3.1.3 – CNO Alert Requests & Initial Assessment		
Finding		
CNO In-house Alert procedures state that requests for an alert will be forwarded to the CNO confirming if a priority meeting is required or if the request should be tabled at the next alert meeting. During testing we sampled ten CNO alert requests and in six instances noted evidence that the above procedure had been followed, however we could find no such evidence for the remaining four requests.		
Risk		
If requests for CNO alerts are not reviewed by the CNO when received there is a risk that urgent cases are not identified and prioritised which may delay the issuing of a CNO Alert.		
Recommendation 4		Priority: 3
Management should ensure that all CNO alert requests are reviewed by the CNO on receipt to determine if a priority panel meeting is required.		
Management Response	Responsible Owner	Implementation Date
Accepted Management will ensure that all CNO decisions relating to the receipt of CNO alert requests are available.	Geraldine Pyper	31/12/18

3.1.4 - CNO Alert Spreadsheet		
Finding		
<p>A 'CNO Alert Status' spreadsheet is maintained in order to record details of all CNO Alert requests received and issued each year. This is also used to manage current alerts by recording the date that the next alert panel review is due. During testing we noted that the spreadsheet is not user friendly and noted instances when the spreadsheet had not been updated or was inaccurate. For example dates of actual / next alert panel meetings were incorrect and individual cases were the case was closed but still recorded as current.</p>		
Risk		
<p>If the 'CNO Alert Status' spreadsheet is not complete / accurate there is a risk that current alerts are not reviewed on a timely basis and the alert cancelled if necessary.</p>		
Recommendation 5		Priority: 2
<p>Management should ensure that the CNO Alert Status spreadsheet is complete / accurate and updated on a timely basis.</p>		
Management Response	Responsible Owner	Implementation Date
<p>Accepted Management will review the CNO alert status spreadsheet and ensure it is updated on a timely basis.</p>	Geraldine Pyper	31/12/18

3.1.5 - CNO Alert Six Month Reviews**Finding**

HSC JNF (1) 2010 states that the Department must keep alert notices under review so they can be revoked as soon as there is evidence that the alert should no longer remain live. It also states that a review should take place no later than six months from the last review. In conducting the review the CNO is required to consult with relevant senior professional colleagues in order to reach a decision and as a result an Alert Panel has been established.

The CNO Alert Panel consists of the CNO, Nursing Officer and a Grade 7 (Principal) representative from HR who meet on a monthly basis unless a priority meeting is required. During these meetings the panel considers requests for CNO Alerts as well as Alert Notices that require review. In order to make an informed decision the alert panel require information regarding the status of the Nursing Midwifery Council (NMC) proceedings as well an update from the referring employer.

During testing we randomly sampled ten current alert notices and noted that in six instances the review was not conducted within six months of the notice issuing or date of last review (ranging from 2 – 8 months overdue). We also noted the following issues;

- Ineffective bf process for tracking when six month reviews are required;
- Ad hoc process for requesting NMC / employer updates resulting in instances when information is not available for alert panel consideration leading to delays in reviews; and
- Evidence that employers are either not supplying updated requests or providing late / poor quality responses.

Risk

If alert notices are not reviewed on a regular basis there is a risk that they remain in place longer than necessary which may lead to legal challenge and / or reputational damage to the Department. In addition if employers do not provide timely / accurate updates there is a risk that insufficient information is available for alert panel consideration resulting in delays in the review process.

Recommendation 6		Priority: 2	
Management should establish a process to clearly identify when six month reviews are due so that sufficient time is allowed for NMC / employer updates to be requested and returned for consideration at the alert panel meetings.			
Management Response		Responsible Owner	Implementation Date
Accepted Management will establish a process to identify when 6 monthly reviews are due.		Geraldine Pyper / Lorraine McGimpsey	31/12/18
Recommendation 7		Priority: 2	
Management should ensure that alert notices are reviewed every six months as stated within the alert policy.			
Management Response		Responsible Owner	Implementation Date
Accepted Management will ensure CNO alerts notices are reviewed every 6 months.		Geraldine Pyper	31/12/18
Recommendation 8		Priority: 2	
Management should establish a process for escalating and resolving issues relating to failure by employers to supply update requests or providing late/poor quality responses.			
Management Response		Responsible Owner	Implementation Date
Accepted Management will establish a process to address employer's failure to supply adequate, timely information.		Geraldine Pyper	31/12/18

3.1.6 - Retention & Disposal of Personal / Sensitive Information**Finding**

During fieldwork we noted that unregistered hardcopy files are created for each CNO Alert request received and contain copies of all correspondence relating to that case. On questioning why this is necessary given that all records are also held on HPRM we were advised that the file was useful as a reference point during alert panel meetings or when a query is received. This is not in line with information management guidance as hardcopy files should only be maintained when there is a need to retain documents for original signatures etc. and if this is necessary the file should be registered with Information Management Unit (IMU).

We also noted that a number of hardcopy files were stored in a security cabinet with a note that they were to be destroyed. On discussing with staff we were advised that a review had commenced to destroy hardcopy files for cases which had been closed or not progressed to alert however there is no agreed documented disposal schedule for these files. At time of fieldwork this exercise was ongoing. On reviewing the disposal schedule it appears that CNO alert records should be retained for 100 years however this appears excessive and contradicts HSC JNF (1) 2010 which states that the CNO will maintain a record for five years once revoked. At the moment details of all request / CNO alerts are recorded on the CNO Alert Status spreadsheet which holds details from 2009 onwards.

The Alert Policy states that requests for alerts must contain the name and last known address of the individual who is subject to the notice. It must also contain a summary of all relevant information, an assessment of the relevant risks and any advice taken. The request must explain what action the HSC body has already taken in respect of the individual to the relevant health regulatory body and must state the gender and ethnic origin of the individual, if known. No explanation could be provided to clarify why the ethnic origin of the individual is required. Given that this information is classed as 'sensitive personal' we should not be requesting and holding this information if not required for a legitimate purpose although we found no instances of this information being supplied. We also note that the information requested does not align with the information required by the alert panel in order to fully answer

the questions within the alert decision tree.		
Risk		
If personal / sensitive information is not stored, shared and disposed of in line with data protection guidelines there is a risk the Department will be open to criticism and possible fines for breach of data protection regulations. This is of particular importance due to the impending introduction of GDPR in May 2018.		
Recommendation 9		Priority: 2
Management should liaise with IMU to ensure that arrangements for the retention and disposal of personal data are in line with data protection regulations. Following this review personal data should be retained / disposed of in line with agreed arrangements.		
Management Response	Responsible Owner	Implementation Date
Accepted. Management in CNO Group and Workforce Policy Directorate with IMU will review the arrangements in line with Data Protection Regulations	Marc Baillie/Geraldine Pyper	31/12/18
Recommendation 10		Priority: 3
Management should carry out a review of the information required within CNO Alert requests to ensure that sufficient information is supplied to allow full consideration of the areas included within the CNO Alert decision tree as well as ensuring that only essential personal information is requested.		
Management Response	Responsible Owner	Implementation Date
Accepted Management will carry out a review of the essential information required.	Geraldine Pyper	31/12/18

3.1.7 - Healthcare Professional Alert Notices received from the National Clinical Assessment Service		
Finding		
<p>The Chief Medical Officer (CMO) receives Healthcare Professional Alert Notices (HPANs) from the National Clinical Assessment Service (NCAS) and forwards to the CNO as Professional Officer if the alert relates to a nurse / midwife. On receipt they are discussed during the alert panel meetings and distributed in the same manner as CNO Alerts and the details recorded on the HPAN spreadsheet.</p> <p>During testing we noted that the HPANs recorded on the spreadsheet all originated from referring bodies in England. On querying with staff within both the CNO and CMO branches we were advised that the NCAS HPANs related to England, Scotland and Wales. Following a request from audit the Nursing Officer queried this with NCAS and they advised that the HPANs for nursing related to England only. As a result the CNO has not been receiving copies of alerts relating to nurses/midwives which have issued in Scotland and Wales.</p>		
Risk		
<p>If the CNO does not receive professional alerts issued by their counterparts in Scotland and Wales there is a risk that key information required for pre-employment checks is not circulated to NI healthcare employers in advance of appointments.</p>		
Recommendation 11		Priority: 2
<p>Management should liaise with the CNOs or equivalent in Scotland and Wales to determine if the regional legislation / policy allows for professional alerts to be copied to the CNO.</p>		
Management Response	Responsible Owner	Implementation Date
<p>Accepted</p> <p>Management and Workforce Policy Directorate will liaise with CNO office in</p>	<p>Mary Frances McManus / Marc Baillie</p>	<p>31/12/18</p>

Scotland and Wales to establish the process		
Recommendation 12	Priority: 3	
Management should liaise with CMO / Professional Officers to make them aware of this issue so they can determine if NCAS alerts are restricted to specific countries also.		
Management Response	Responsible Owner	Implementation Date
Accepted Workforce Policy Directorate will liaise with CMO.	Marc Baillie	31/12/18

3.1.8 - Early Alerts	
Finding	
<p>An Early Alert System is operating to ensure that the Department of Health (DoH) is made aware in a timely fashion of significant events which may require the attention of the Minister, Chief Professional Officers or policy leads. The internal procedures for CNO Alerts state that early alerts will be tabled for discussion during the Alert Panel meetings although it did does not state what actions / options are available. We reviewed four early alerts recorded on the CNO Alert spreadsheet and noted that:</p> <ul style="list-style-type: none"> - In one instance no further action was required, the CNO had been advised of the early alert via phone call and had to chase up with the co-ordinating branch when the early alert pro-forma was not received. It had not been forwarded as it did not state that a nurse was involved and was therefore not circulated to CNO for information; - In one instance a request was sent to the employer asking if a CNO Alert would be requested and a CNO Alert request was received; and - In two instances requests for information and clarification on whether a CNO Alert would be made had issued with subsequent reminders, however as no responses were received it was decided to close the cases (up to 18 months after first notification). <p>In addition we have noted incomplete and confusing recording of early alert progress on the CNO Alert spreadsheet.</p>	
Risk	
Without clear guidance on the relationship between early alerts and CNO Alerts and the actions to be taken there is a risk that an inconsistent approach is adopted.	
Recommendation 13	Priority: 3
Management should ensure that the relationship between CNO Alerts and early alerts are clearly documented within guidance / policy as well as outlining the actions available to the CNO.	

Management Response	Responsible Owner	Implementation Date
<p>Accepted</p> <p>Management will ensure that the relationship between CNO Alerts and early alerts are clearly documented within guidance/policy as well as outlining the actions available to the CNO.</p>	<p>Marc Baillie / Geraldine Pyper</p>	<p>31/12/18</p>

3.1.9 – Decision Trees**Finding**

The Alert Policy states that the issuing of an alert is a serious step and should only be considered where a significant risk of harm to patients, staff or the public has been identified. The CNO is required to consult with relevant senior professional colleagues in order to reach a decision and this is done through CNO Alert Panel meetings. The CNO Alert Panel consists of the CNO, Nursing Officer and a Principal from HR who meet on a monthly basis unless a priority meeting is required. During these meetings they will consider new requests as well as current alerts that require review.

Decision trees have been developed to aid the Alert Panel when considering both new CNO Alert requests and 6 month reviews of existing CNO Alerts. These are signed by each panel member as a record of the decision made. On initial review of the decision trees used to decide on whether or not to issue a CNO Alert we identified the following issues:

- Questions are asked that cannot be answered if the referring body only forwards the information requested within the CNO Alert guidance i.e. LIN referrals;
- HSC JNF (1) 2010 states that the CNO should retain a record of revoked alert notices for five years in order to inform a decision on future requests however there is no provision in the decision tree to record any such alerts or that they have been considered;
- The decision tree records areas to be considered but does not clearly lead the users to a decision on whether or not to issue an alert;
- In some circumstances the panel may not be able to reach a decision due to insufficient information however there is no provision to be the case and record the information required; and
- There are areas within the decision tree which are not referenced or do not reflect guidance within the CNO Alert Policy.

Risk		
If the CNO decision trees are not clear and/or do not reflect HSC JNF (1) 2010 there is a risk that decisions taken are not consistent.		
Recommendation 14		Priority: 3
Management should review and amend the decision tree as necessary to ensure that it clearly reflects HSC JNF (1) 2010. In addition it should clearly record the areas considered and rationale for the decision taken.		
Management Response	Responsible Owner	Implementation Date
Accepted Management will review and amend, in line with policy review.	Marc Baillie / Geraldine Pyper	31/12/18

3.1.10 - ROI Alert Circulation		
Finding		
<p>During testing we noted two instances when the referring body requested that the CNO Alert be circulated to the CNOs counterpart in the Republic of Ireland as the subject of the alert was believed to be working or seeking work in the ROI. The first request was accommodated however the second request was refused and we noted correspondence which stated that legal advice previously sought advised that they should not issue to ROI. Copies of the legal advice could not be supplied to support this statement or the decision made.</p>		
Risk		
<p>If alerts are not circulated to relevant stakeholders there is a risk that potential employers are not fully aware of all facts when conducting pre-employment checks.</p>		
Recommendation 15		Priority: 2
<p>When reviewing the HSC JNF (1) 2010 (ref 3.1.1 above) management should consider establishing a reciprocal arrangement with ROI counterparts to ensure that Alerts are received from ROI. This is of particular importance given the ease of commuting between the two regions.</p>		
Management Response	Responsible Owner	Implementation Date
<p>Accepted</p> <p>WPD will seek a legal opinion regarding the consideration of establishing a reciprocal arrangement with ROI counterparts.</p>	Marc Baillie	31/12/18

ANNEX 1

Internal Audit Opinions

Opinion (Ratings)	Definition
Green	Satisfactory – Overall there is a satisfactory system of governance, risk management and control. While there may be some residual risk identified, this should not significantly impact on the achievement of system objectives.
Amber	Limited – There are significant weaknesses within the governance, risk management and control framework which if not addressed could lead to the system objectives not being achieved.
Red	Unacceptable – The system of governance, risk management and control has failed or there is a real and substantial risk that the system will fail to meet its objectives.

ANNEX 2**Prioritisation of Audit Recommendations**

To assist management in prioritising the implementation of audit recommendations we use a three point scale:-

Priority	Description
Priority 1	Failure to implement the recommendation is likely to result in a major failure of a key organisational objective, significant damage to the reputation of the organisation or the misuse of public funds.
Priority 2	Failure to implement the recommendation could result in a failure of an important organisational objective or could have some impact on a key organisational objective.
Priority 3	Failure to implement the recommendation could lead to an increased risk exposure.

ANNEX 3

Best Practice Recommendations

The following recommendations have been identified by Internal Audit to enhance system improvements and relate to best practice. Please note no management response is required for these.

1. Notification of CNO Alert Decisions

The Alert Notice policy states that once an alert is issued / cancelled, the individual concerned must be notified by the Department within seven days in writing to their last known address. The current procedure is to issue the notification to individuals via recorded delivery. During testing we sampled fifteen issued / cancelled alert notices and in two instances found that no recorded delivery receipt was held to confirm that the notification had been issued. If individuals are not advised that a CNO alert has been issued they will be unable to provide information.

Recommendation

Management should ensure that a copy of the recorded delivery receipt is held to evidence that an individual has been notified of the CNO Alert issuing / cancelling.

2. HPRM Access Controls

On receipt of a request for a CNO alert a HPRM container is created to hold related correspondence and any alert notice which issues. As the information held in the container is classified as personal / sensitive access controls should be applied to restrict access to staff within the DoH CNO Alert Group.

During testing we noted one container had the incorrect access controls applied and as a result the information could have been accessed by anyone within DoH. If appropriate access controls are not applied there is a risk that personal/sensitive information could be accessed without a valid reason resulting in a breach of data protection regulations leading to potential fines and reputational damage.

Recommendation

Management should ensure that appropriate access controls are applied to HPRM containers holding CNO Alert correspondence.

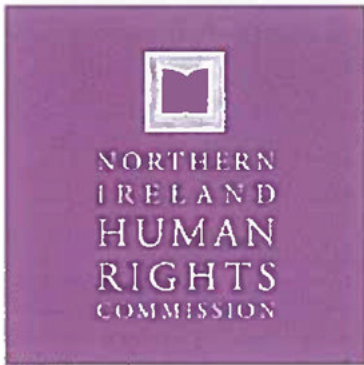
3. Circulation of Alert Notices

The Alert Notice policy states that alerts will be issued in the form of a letter by the Chief Professional Officer to the Chief Executives of all Health and Social Care bodies listed, Chief Professional Officers for Scotland, Wales and England as well as the regulatory body which regulates the profession of the individual to whom the letter relates. During fieldwork we noted that distribution and circulation groups have been created within outlook, however there is no central list maintained in HPRM to record the organisation, nominated contact, role / title and e-mail address.

If the distribution / circulation contacts are only held within outlook there is a risk that details could be accidentally amended / deleted with no other record. In addition the lack of a central list which records organisational / role details would make a review of the distribution / circulation lists difficult.

Recommendation

Management should ensure that distribution and circulation details maintained in HPRM to record the organisation, nominated contact, role / title and e-mail address.



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Mr Richard Pengelly
Permanent Secretary
Department of Health
Information Office
CS.20
Castle Buildings
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Northern Ireland
BT4 3SQ

27 April 2018

Dear **K**;

Scheme for the Issue of Alert Notices for Health Care Professionals in Health & Social Care in Northern Ireland

A number of individuals have raised concerns with the Commission about various aspects of the Department of Health's policy on the issuance of alert letters in situations when a healthcare professional is under investigation.

The Commission understands that the Department's scheme for the issue of alert notices, under Circular HSC JNF(1)2010, provides a means of ensuring that HSC bodies are aware that an individual healthcare professional may pose a threat to patients, staff or the public.

The circular outlines that consideration has been given to human rights issues (paragraph 5), but does not provide any details as to which rights are engaged, the stage in the process at which they are considered and the extent to which they guide decision-making.

The Commission would request further information in respect of the relevant rights to which the policy refers. In particular, the Commission would welcome confirmation as to whether the Department considers that Article 6 ECHR applies to this process.

With reference to the review procedure, which appears to occur following new information or no later than a period of six months from the last review, can you advise if the individual is provided with any notification of or opportunity to input into the review meeting? For example, is the individual alerted to the review, can he or she make representations in writing or in person at such reviews and is the person provided with a minute or formal written decision with reasons thereafter?

Finally, can you advise of the process by which an individual can appeal a decision to issue or maintain an alert letter?

Yours sincerely,

2...-

Les Allamby
Chief Commissioner

**From the Permanent Secretary
and HSC Chief Executive**

Mr Les Allamby
Chief Commissioner
NI Human Rights Commission
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39 North Street
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BT1 1NA

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Email: richard.pengelly@health-ni.gov.uk

Our ref: RP2492
SCORR-0340-2018

Date: 4th June 2018

Dear Mr Allamby

Thank you for letter of 27 April 2018 with regard to the scheme for the issue of alert notices for health care professionals in the Health and Social Care in Northern Ireland.

The Circular to which you refer underpins the process by which the department responds to requests from HSC and independent sector employers to issue an alert relating to a current or former member of staff, when information comes to light that suggests that the individual poses a significant risk of harm to patients, staff or the public and intends or may intend to seek permanent or temporary work in the NHS/HSC or elsewhere in that capacity. The scope of Circular HSC (JNF) (1) 2010 extends to professionals regulated by the Nursing and Midwifery Council and the Health Professions Council – now the Health and Care Professions Council.

Through the alert scheme the department, in full acknowledgement of the right to a fair trial, does not provide any advice or judgement to prospective employers in terms of whether or not an individual is suitable for a particular role, but rather flags up that there is relevant information available which should be considered during the recruitment process. The decision to issue an alert does not therefore restrict an individual's right to work.

The individual registrant is not involved in the process of issuing and reviewing alerts, and there is no explicit provision within the process to appeal the decision to issue an alert. The Chief Professional Officer notifies the registrant when an alert has been issued, and when the alert has been revoked. The department will also address and respond to any communication received in relation to alerts.

The alert scheme has been in place for some time now, and guidance remains as originally drafted. I have therefore asked my officials to prioritise a review of the scheme to

ensure that it remains fit for purpose going forward. Subject to your agreement, I would very much welcome the Commission's involvement in this piece of work.

Yours sincerely



RICHARD PENGELLY



Mr Richard Pengelly
Permanent Secretary
Department of Health
Castle Buildings
Upper Newtownards Road
Belfast
BT4 3SQ

12 March 2019

Dear *Richard*,

**Scheme for the Issue of Alert Notices for Health Care Professionals,
under Circular HSC (JNF) (1)2010**

Further to our previous correspondence on this issue, (a copy of which is enclosed) the Department had committed by way of letter 4 June 2018, to prioritise a review of the alert scheme. The Department also sought the Commission's involvement in this piece of work.

Can you provide an update on the review and an indicative timescale for completion of this task? The Commission remains keen to see this issue progressed as expeditiously as possible and remains willing to provide an input if requested.

Yours sincerely,

Les;
L--

Les Allamby
Chief Commissioner

**From the Permanent Secretary
and HSC Chief Executive**



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Our ref: RP3991
SCORR-0298-2019

Date: 21 May 2019

Dear Mr Allamby

Thank you for your letter of 12 March 2019 with regard to the scheme for the issue of alert notices for health care professionals in the Health and Social Care in Northern Ireland. I apologise for the delay in responding.

Unfortunately, progress on this Departmental priority has been very limited, due to a number of staffing issues, and other emerging policy and operational issues that required the attention of officials.

The main progress has been that in the regular monthly reviews of existing and proposed alerts, the Acting Director of Workforce Policy has been taking note of the main human rights issues arising, as part of a proportionate scoping exercise. These include:

- the grounds for issuing an alert (based on the facts of individual cases);
- the referral process from employers; and
- the review process.

I am pleased to advise that the relevant staffing and policy issues have recently been resolved and that we plan to get back on track with this policy review. Officials would very much welcome a meeting with the Commission, and if you are content, please arrange for your office to make contact with Andrew Dawson, Acting Director of Workforce Policy, on 028 905 22388.

Yours sincerely



RICHARD PENGELLY

Working for a Healthier People



MAHI – DoH Evidence Module 3d

Timeline for Safeguarding guidance and documentation

Year	Name	Guidance
1967	The Criminal Law Act (Northern Ireland)	Established an obligation on citizens, if they suspect a serious offence had been committed, to provide the police with any information they may have which is likely to help secure the arrest, prosecution or conviction of a suspect
1973	Health and Personal Social Services (Northern Ireland) Order 1972	Article 37 permitting the removal to suitable premises of persons in need of care and attention.
1986	Mental Health (Northern Ireland) Order 1986	Article 121 provides for an offence of ill treatment or wilful neglect of someone in hospital or a nursing home who is being treated for a mental disorder.
1996	UNABLE TO SOURCE	Guidance issued by the Department as the basis for the development of Board and Trust adult protection policies.
2002	Regional Adult Protection Forum established	To promote, develop and improve arrangements for the protection of vulnerable adults.
December 2003	Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults [MMcG/68]	Set out the roles and responsibilities of respective agencies and provided guidance about joint working arrangements and investigation and provided a framework for joint working. Designed in partnership with the PSNI, HSC Boards and Trusts and built on the 1996 guidance.
2005	Regional Adult Protection Forum received Departmental endorsement	To produce standardised regional procedures for the protection of vulnerable adults.
2006	Safeguarding Vulnerable Adults, a Regional Adult Protection Policy and Procedural Guidance [MMcG/69]	Detailed the processes to be followed in the event of a suspicion or allegation that a vulnerable adult is at risk of abuse, exploitation or neglect. Derived from best practice in NI and with reference to developments elsewhere in the UK.
July 2009	The Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults [MMcG/70]	Developed in partnership between the Department, PSNI, RQIA the HSC Trusts and the former HSC Boards. Recognised the need for more co-ordinated interagency working to ensure that vulnerable adults, who are

Year	Name	Guidance
		at risk of abuse, receive protection, support and equitable access to the criminal justice system. Roles and responsibilities outlined and provided guidance on joint working and investigation arrangements.
2009	Consultation 'Reforming Northern Ireland's Adult Protection Infrastructure' issued.	Developed in conjunction with the Northern Ireland Office and other Gov. Departments.
2010	Adult Safeguarding in Northern Ireland – Regional and Local Partnership Arrangements [MMcG/71]	Response to the 2009 consultation. Established the Northern Ireland Adult Safeguarding Partnership and five Local Adult Safeguarding Partnerships. Collaborative partnerships with responsibility for adult safeguarding in NI and replaced the Regional Adult Protection Forum (established in 2002). Tasked with the delivery of improving ASG outcomes by way of a strategic plan, operational policies, procedures and effective practice.
2011	Department commissioned the RQIA to carry out a review of the effectiveness of safeguarding arrangements in MH & LD hospitals in NI	Covered all five HSC Trusts.
2011	Programme for Government 2011 - 2015	NI Executive identified safeguarding adults at risk as a priority in PfG 2011 – 2015.
February 2013	RQIA inspections report published 'Review of Safeguarding of Children and Vulnerable Adults in Mental Health and Learning Disability Hospitals in Northern Ireland'	Covered the period 2011 – 12, re 33 inspections and contained 2 recommendations to ensure the continued safeguarding and protection of children and vulnerable adults. These included the prioritisation of the publication of the Adult Safeguarding Policy Framework.
March 2015	Follow up report from RQIA on Safeguarding published 'Safeguarding of Children and Vulnerable Adults in Mental Health and Learning Disability Hospitals in Northern Ireland Regional Summary'	

Year	Name	Guidance
July 2015	Adult Safeguarding Prevention and Protection in Partnership [MMcG/72]	Further guidance developed and published in partnership with the DoJ as a response to the 2011-15 Programme for Government. Replaced the 2006 doc 'Safeguarding Vulnerable Adults, a Regional Adult Protection Policy and Procedural Guidance'. Aimed to improve safeguarding arrangements for adults at risk of harm from abuse, exploitation or neglect. Set out how NI Executive intended ASG to be taken forward across all Gov Depts., agencies and voluntary and community etc. orgs.
August 2016	Protocol for Joint Investigation of Adult Safeguarding Cases [MMcG/73]	This was the 3 rd edition and replaced the July 2009 version. Aim of the joint protocol was to ensure that adults in need of protection were supported in a manner which upheld their rights – in particular their access to the criminal justice system and to prevent abuse through a collaborative multi-agency partnership.
2020	Minister for Health launched a public consultation on a range of legislative options on safeguarding	Launched following the widely publicised safeguarding failings at Dunmurry Manor and Muckamore Abbey which highlighted the need to review and improve ASG policy in NI.
April 2021	Consultation closed and Department progressing work to introduce an Adult Protection Bill	Consultation responses analysed and Adult Protection Bill being introduced to provide a statutory underpinning of safeguarding arrangements in NI.