

Muckamore Abbey Hospital Inquiry

Organisational Module 7 – MAH Operational Management

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**WITNESS STATEMENT OF CATHERINE MCNICHOLL**

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I, Catherine McNicholl, retired, make the following statement for the purposes of the Muckamore Abbey Hospital Inquiry (the MAH Inquiry):

1. This statement is made on my own behalf in response to a request for evidence from the MAH Inquiry Panel dated 28 March 2024. The statement addresses a set of questions posed to me relating to MAH Operational Management.
2. This is my first witness statement to the MAH Inquiry.
3. The documents that I refer to in this statement can be found in the exhibit bundle attached to this statement marked “CMcN1”.
4. The 28 March 2024 MAH Inquiry request for evidence, with the accompanying questions, can be found at Tab 1 in the exhibit bundle.

**Qualification, Experience and Position of the Statement Maker**

5. I commenced my professional career as a Registered General Nurse in 1982 in the Royal Victoria Hospital, Belfast.
6. After a number of nursing posts in Belfast and Ballymena, in 1990 I was appointed to the post of Senior Nurse, Commissioning for the new build of Antrim Area Hospital, in the Northern Health Board Area.
7. I obtained my MBA in 1990.

8. In 1994 I was appointed to my first Director's post, as Director of Support Services in what was then United Hospitals Trust (this Trust was responsible for a number of hospitals in the northern part of Northern Ireland, and, in 2007, merged with a number of Trusts to form the larger Northern Health and Social Services Trust). In 2005, my role as Director was expanded to include Trust Director of Elective Care Reform.
9. At the time of the Review of Public Administration in and around 2007, which saw the transition in Northern Ireland from 19 Health Trusts to 5 Health and Social Services Trusts (they were renamed Health and Social Care Trusts in 2009), I was seconded from the Northern Health and Social Services Trust (the Northern Trust) to the Service Delivery Unit within the then Department for Health, Social Services and Public Safety (it became the Department of Health in 2016) as Programme Director of Elective Care Reform/Performance Management. During this time, I also led a regional programme of Investment and Reform in Orthopaedic Services and undertook a Regional Review of Urology Services.
10. In 2009, I was appointed to the post of Director of Performance and Service Delivery in Belfast Health and Social Care Trust ("the Belfast Trust"). This was my first position within the Belfast Trust. Then, in September 2012, I was appointed as the Director of Adult Social and Primary Care Services. I undertook that role for some 4 years before retiring at the end of July 2016. I have not undertaken any work in the health service since that time.
11. I would like to preface the answers to the questions asked of me by noting that I have been retired and completely removed from the health service for almost 8 years now. My memory, recall and retained knowledge of the workings of the Belfast Trust, its systems and processes, and specific events in the Belfast Trust and the Adult Social and Primary Care (ASPC) Directorate has faded. I am also currently living with family in Australia.

**Questions for witnesses with responsibility for operational management of MAH at Directorate Level**

**Question 1**

**Please explain what your role was in the operational management of MAH and when you held that role? In doing so please explain:**

- i. The cohort of staff or area for which you had leadership and/or management responsibility.**
- ii. The day to day responsibilities of your role.**

*My role in the operational management of MAH.*

12. In 2014, which was the mid-point of my time as Director of ASPC, the Belfast Trust was a large organisation. It employed approximately 22,000 staff and had an annual budget of £1.2bn, with a daily spend of £3m.

13. I was a Director of a Service Directorate. I was responsible for ensuring that within my area of responsibility, staff were aware of and complied with the process of sound governance. I led the strategic planning of services across the extensive portfolio of adult, social and primary care, setting the objectives and targets for the Directorate.

14. As Director of ASPC, I was responsible through the Chief Executive for the development and delivery of a complex range of Hospital and Community-based patient and client services. I led the strategic planning of the services and ensured effective co-ordination of service delivery and of staff through a devolved line management and professional line structure.

15. I also had a corporate role as a member of the Belfast Trust's Senior Management Team (comprising Executive Directors & Service Directors). In this role I assisted shaping the Belfast Trust's overall objectives and shared corporate responsibility for the governance of the Belfast Trust and compliance with its legal requirements.

*The cohort of staff or area for which I had leadership and/or management responsibility.*

16. The ASPC Directorate included the following Service Areas (as they were referred to during my time in post): Older People Services, Mental Health, Physical/Sensory Disability, Learning Disability and Psychology.

17. In 2014, the ASPC Directorate operated over 50 different sites, employed approximately 4,500 staff (Doctors, Nurses, Social Workers, Psychologists and a broad range of support staff across these professions), and had an annual budget/expenditure of circa £300m.

18. The Belfast Trust, as most large organisations do, adopted a delegated line of authority, which means that each member of staff could trace a line of managerial accountability from their position right up to Trust Board.

19. As part of this structure, I had direct managerial or leadership responsibility for my Senior Team. My Senior Team included:

- a. 3 Co-Directors
- b. An Associate Medical Director.
- c. A Quality, Governance and Service Improvement Senior Manager.
- d. A Planning and Performance Manager.
- e. Head of Psychology.

20. My Senior Team also benefited from the input of 3 Associate Directors of Nursing, who were not members of my Senior Team, but were invited to attend Senior Management Team meetings for professional input. The relevant Associate Director of Nursing for Learning Disability was Esther Rafferty, who also occupied the post of Service Manager of MAH.

21. Each of the members of my Senior Team had managerial or leadership responsibility for the staff below them, thus maintaining lines of managerial accountability.

22. Muckamore Abbey Hospital (MAH) was one of the facilities within Learning Disability Services.
23. The member of my Senior Team who was from Learning Disability Services was the Co-Director of Learning Disability, John Veitch. John was responsible for the Senior Team within MAH. This included Esther Rafferty who was the Service Manager, and Dr Colin Milliken, who was the lead clinician.
24. There are therefore, unfortunately, many questions asked of me by the MAH Inquiry that I am not best situated to answer because they concern the operational management of MAH, which is a matter that I did not have a direct role in. The operational management of MAH was delegated through the line management structure of a Co-Director and an onsite Service Manager.
25. I have nonetheless tried to answer and give examples as best I can, but I would suggest that staff members who were in a position of operational management or current employees of the Belfast Trust in those roles would be better placed to answer many of these questions.

## **Question 2**

**Please explain your understanding of the structures that were in place for the operational management of MAH?**

*The structures and processes that were in place for the operational management of MAH.*

26. From my recollection, the structures and processes that were in place for the operational management of MAH comprised:
- a. A Co-Director of Learning Disability Services, a position which was occupied by John Veitch during my time as Director. John would have been assisted by staff in Directorate wide support and professional positions, such as the Quality, Governance and Service Improvement

Manager, the Head of Psychology, the Associate Medical Director, the Associate Director of Nursing, the Finance Business Partner and the HR Business Partner.

- b. The Co-Director of Learning Disability Services had managerial responsibility for those staff members who actually worked in the operational management of MAH, such as the MAH Service Manager.
- c. The Service Manager was responsible for the operational management of MAH's day to day functioning, including each ward in MAH. She oversaw Assistant Service Managers.
- d. Assistant Service Managers were supported by a ward manager and deputy ward manager for each ward.

*My view of how effective those structures and processes were in ensuring adequate oversight of operational management at MAH*

27. During my time as Director, I was not given cause to be concerned that the structures and processes for ensuring adequate oversight of operational management at MAH were lacking.

28. That is not to say that there were not difficult times or concerning incidents. Rather, when difficulties arose, or incidents occurred, I always considered that they were thoroughly dealt with. If the outcome was that a weakness in structures and processes were revealed, I considered that the weakness was dealt with appropriately.

29. It therefore appeared to me that the checks and balances were working.

### **Question 3**

**Please explain the lines of accountability from MAH ward staff through to the Trust Board? Who decided that matters ought to be escalated? Was there**

**guidance to identify when that ought to happen and what action ought to be taken?**

30. I have explained the lines of managerial accountability from MAH ward staff through to Trust Board more fully above, however, in summary it is:

- a. Ward staff member;
- b. Deputy Ward Manager;
- c. Ward Manager;
- d. Assistant Service Manager;
- e. Service Manager;
- f. Co-Director of Learning Disability;
- g. Director of ASPC (myself).
- h. Chief Executive
- i. Trust Board

31. Registered professional staff also have professional lines of accountability. The primary profession relevant to ward level staff was nursing. Nurses had professional lines of accountability through their ward managers and Assistant Service Managers through to Esther Rafferty in her position as Service Manager and Associate Director of Nursing.

32. How and when matters were escalated depended on the nature of the issue. However, one common feature was that each member of staff has individual personal responsibility for the services they provided and to raise matters of concern. Generally, policies and procedures that were adopted by the Belfast Trust would resolve most matters, for example, how to deal with a complaint or a safeguarding referral. If staff felt that the matter was not resolved at that stage, it could be escalated through formal or informal mechanisms as appropriate.

33. Formal mechanisms included complaints, whistleblowing, disciplinary procedures by way of example. Informal mechanisms included raising the matter during supervisions, 1:1 meetings, team meetings etc. Matters could then be escalated upwards as appropriate.

34. When and how they were escalated depended on how they were first raised. For example, if a governance issue was raised at a MAH level meeting, it could be escalated to the LD Governance meeting and onwards to the ASPC Governance meeting if required. If an issue was raised at a 1:1 with the staff member's line manager, their manager could in turn raise it at their 1:1 meeting with their respective line manager.

35. I had monthly 1:1 meetings with John Veitch and I was advised of any issues at MAH, including ward level matters of significant import or which required discussion, and what action had been taken. If a matter required further escalation, I would have raised it with the relevant Director depending on the nature of the issue concerned. For example, if it was an issue concerning finance, I would have discussed it with the Director of Finance, whereas if it was a nursing issue, I would have discussed it with the Director of Nursing. If required, I could also raise the matter with the Chief Executive of the Belfast Trust, as appropriate, for example if the matter was of significant import. Should the matter need to be considered by the wider Executive Team as a whole, the matter would be placed on the agenda of the next the Executive Team meeting.

#### **Question 4**

**What training was provided for new line managers at MAH on staff management processes?**

36. I do not recall the specifics of the training provided for new line managers. However, the Belfast Trust had a comprehensive policy for the induction of staff who were new to post and an accredited programme in place, Investors In People, for the development, training, managing and empowering of staff. I have discussed this in more detail below.

37. I can also recall that ASPC benefitted from an HR business partnering arrangement which meant that HR advice was readily available, if and when required.



**Question 5**

**What regular meetings took place at Directorate level in relation to MAH? In answering this question, please provide an explanation of:**

- i. How often meetings occurred.**
- ii. Who attended meetings.**
- iii. Who decided the agenda for meetings.**
- iv. What regular reports were provided to meetings.**
- v. How reports were prepared, and by whom.**
- vi. Who reports were sent to.**
- vii. How concerns were escalated.**

38. The nature of the delegated model of the Board Assurance Framework that I have described above meant that there were no MAH specific meetings which took place at Directorate Level. However, each and every meeting within the Directorate which included Learning Disability related to MAH. I describe the Directorate meetings below.

*ASPC Directorate (Senior Management) Meeting*

39. This meeting had a set agenda each month and was attended by the Senior Management Team that I set out above, as well as the Associate Directors I have explained above, and our Directorate partners from HR and Finance. An example set of minutes can be found behind Tab 2 of the exhibit bundle.

40. Attendees of the meeting could contribute to the agenda in advance or raise matters in the “matters arising” or “any other business” sections of the meeting. I cannot recall precisely what reports were prepared for this meeting, except I can recall that Directorate Performance Scorecards were produced by the Performance and Planning Manager and circulated to members of the meeting. I think these scorecards included a broad range of performance indicators such as sickness rates, Regional targets, financial indicators.

Concerns were escalated to this group by any attendee who wished to bring something to the attention of the meeting and discuss it further. The way in which matters were escalated by this group depended on the nature of the concern. If, for example, the concern related to an area which concerned another Directorate, such as finance or human resources, I, or the appropriate member of my team, would discuss it with the relevant Director. If it was a matter that should be brought to the attention of the Chief Executive, I would do so.

### *ASPC Governance Meeting*

41. This was a quarterly meeting with a set agenda. A copy of the terms of reference for this meeting can be found behind Tab 3 of the exhibit bundle. This meeting was required under the Belfast Trust's Board Assurance Framework. The purpose of the meeting was to provide assurance to the Belfast Trust's Assurance Committee that there were effective structures, systems and policies in place for the management of all aspects of the Governance Agenda in ASPC.
42. It was attended by my Senior Team, plus Senior Managers within the Directorate. An example set of minutes can be found behind Tab 4 of the exhibit bundle.
43. Reports, trend analysis and action plans for improvement were provided by the Co-Director of the relevant area and supported by the Quality and Governance Manager and the Performance and Planning Manager. In particular, some of the duties of the meeting was to monitor the incident reports, complaints and compliments, to receive reports including examples of good practice and innovation and to receive a health and safety briefing. These incidents became part of a larger LD Dashboard, an example of which can be found behind Tab 5 of the exhibit bundle.
44. With reference to MAH, the reports included data on topics such as accidents, incidents, SAI's, complaints, vacancies and sickness levels as well as information pertaining to RQIA inspections, implementation plans, the financial position, and priorities for action performance with regard to resettlement of patients.

45. Each Service Area also had its own Governance Meeting. Matters could be escalated to the ASPC Governance Meeting from the service area Governance meeting. The ASPC Governance Meeting could escalate matters in the same way as I have described above in relation to the ASPC Directorate meeting, or by escalating the matter to the Belfast Trust Assurance Group.

#### *ASPC Modernisation Board*

46. The ASPC Modernisation Board was a reshaped meeting (previously known as MORE meeting) that began on 23 April 2013. I have included the first set of minutes from this meeting and a further example set of minutes behind Tab 6 of the exhibit bundle.

47. The purpose of this meeting was to oversee the re-design of services, set direction and monitor progress against agreed plans. It can be seen that Mr Veitch emphasised that, in relation to Learning Disability, the emphasis should be focused on people who were in hospital and should not be there, resettlement and discharge and avoiding admission to hospital.

#### *One to one meetings with staff*

48. I had one to one monthly meetings with each of my direct reports. My meeting with the Co-Director for Learning Disability, John Veitch, was often dominated by MAH. An example of an agenda for a one-to-one meeting with John Veitch can be found behind Tab 7 of the exhibit bundle.

### **Question 6**

**What arrangements were in place at Directorate level to monitor the following:**

- i. Staff implementation of and adherence to BHSCT policies.**
- ii. Nursing staff adherence to professional nursing standards.**
- iii. Clinical staff adherence to professional clinical standards.**

*Arrangements that were in place at Directorate level to monitor staff implementation of and adherence to BHSCT policies.*

49. The Belfast Trust determined the arrangements to monitor the implementation of and adherence to Belfast Trust policies on a policy-by-policy basis. Each policy (of which there are hundreds across multiple genres) contains a section which includes reference to how and by whom adherence would be monitored.

50. Generally, this was an area within the remit of the Quality and Governance Manager who would distribute knowledge of policy related matters throughout the Senior Management Team. Knowledge was dispersed thereafter through the cascading line management structure, both professional and managerial depending on the nature of the policy.

51. Audits and reviews were also carried out at times. Sometimes this was because this was the mechanism by which the policy required monitoring to be carried out. At other times this was because an event had triggered the want or need for a review.

*Arrangements that were in place at Directorate level to monitor nursing staff adherence to professional nursing standards.*

52. A failure to adhere to professional nursing standards is often identified and treated in the way that any other failure to meet standards is identified, being for example, an incident, a safeguarding issue, the subject of a complaint or a disciplinary issue.

53. The Directorate of Nursing also retained Director responsibilities for professional nursing standards within the ASPC Service Area, through professional lines of accountability.

*Arrangements that were in place at Directorate level to monitor Clinical staff adherence to professional clinical standards.*

54. The position for clinical standards is the same as I have outlined above in relation to nursing: a failure to meet clinical standards would be treated in the same way as any other failure to meeting adequate standards and additionally engaged clinical lines of accountability through Clinical staff, namely the Clinical Director to the Medical Director.

### **Question 7**

**If concerns about the particular matters addressed in question 6 were identified, how were they escalated?**

55. Insofar as this question is asking how they were escalated along the professional lines of accountability, a staff member from the professional directorates would be better placed to answer this question.

56. In practical terms, if the concern about adherence to professional nursing or clinical standards at MAH was identified by a member of staff on the ward, the matter would have been escalated firstly to the ward Manager (all of whom are Nurses). If the person who identified the issue did not feel that it had been addressed sufficiently, it could be escalated to the next level of the professional line of management, or even to the Associate Director of Nursing on the MAH site.

57. It is important to note that MAH was a Regulated service, unlike general hospitals/wards in the Belfast Trust. Under the 2009 Health and Social Care Reform (Northern Ireland) Act, RQIA (Regulation and Quality Improvement Authority) has specific responsibility to assess the health and social services provided to people with mental ill health or a learning disability. RQIA responsibilities included promoting good practice, preventing ill treatment, monitoring practice and adherence to guidelines etc and RQIA undertook frequent unannounced visits/inspections of MAH wards, along with an annual programme of themed reviews of services. The reports, which included an action plan of recommendations to be completed by the Belfast Trust, were received and then signed off and returned to RQIA via the Chief Executive's Office of the Belfast Trust.

58. Regular reports on RQIA inspections, action plans and progress on improvements made were presented and considered at my one to one meetings with John Veitch, my SMT meetings, at ASPC Directorate performance/accountability meetings and at Trust Board /Trust Governance Group.

### **Question 8**

**What performance management processes were in place to monitor and improve the performance of all staff, including those in leadership positions, at MAH?**

59. Each Directorate was subject to regular accountability and review meetings with the Chief Executive and other professional Executive Directors. The performance of Directorates was measured against both the Directorate's annual plan and objectives, and the Belfast Trust's Corporate Plans and objectives.

60. The Belfast Trust had a comprehensive appraisal framework in place to review and monitor a staff member's progress against priorities, objectives and personal contributions at all levels in the organisation in the form of a Personal Contribution Framework. In line with this framework, all staff had Personal Contribution Plans. A copy of a draft PCP that I worked through with John Veitch during a one-to-one meeting can be found behind Tab 8 of the exhibit bundle.

61. During my tenure, the Belfast Trust had a well-established, Investors In People (IIP) Accredited Human Resources system in place with numerous policies and procedures for the recruitment and selection of staff, training, developing, engaging and empowering staff and managing performance.

62. This was an area in which ASPC had invested significant efforts to improve between 2012 and 2016. Our efforts were recognised in the 2016 IIP Assessment in which assessors from IIP visited some of the main locations within each Directorate. During the 2016 assessment, IIP visited five facilities from across ASPC; MAH, Beechcroft, Shankill Resource Centre, Hemsworth Court and Old See House. The assessors interviewed approximately 120 people, as individuals, in pairs and in small groups.

63. IIP concluded in the 2016 IIP Assessment Focus Report for ASPC, a copy of which can be found behind Tab 9 of the exhibit bundle, that the Directorate Management Plan described in detail the complexity and range of services provided to service users across 50 locations in the Belfast Trust. The report was very positive about the performance management of staff within ASPC. For example, it concluded that ownership and responsibility are encouraged, evaluation results in improvements, self-review techniques and information from external reviews and used to improve people management strategies.

### **Question 9**

**Were line managers required to seek HR advice and/or inform HR if they undertook performance management meetings?**

64. I am not entirely sure what is meant by performance management meetings. Effective leadership and management of staff was a day-to-day responsibility of all line managers. When performance issues arose, or development /training needs were identified, this would, in the first instance, be addressed on an informal 1:1 basis. Only serious matters or those which required formal action to be taken, such as disciplinary action, required input from HR for advice and support. Of course, line managers were able to seek informal or formal advice from their own line manager or HR on any matter at any time.

### **Question 10**

**What arrangements were in place at Directorate level for workforce monitoring, planning and implementation to ensure the appropriate staffing levels and skill mix (and thereby to ensure safe care) at MAH? Please also explain how any concerns about such matters were escalated.**

*Arrangements in place at Directorate level for workforce monitoring, planning and implementation to ensure the appropriate staffing levels and skill mix (and thereby to ensure safe care) at MAH.*

65. The day-to-day allocation of staff, use of bank and agency staff and use of overtime to ensure safe and effective care was managed at all levels of the organisations structure within MAH, the Ward Managers, the Assistant Service Managers and the Service Manager.
66. However, when issues arose at a systemic or service wide level, this became an issue which was managed with input from the professional directorate as well as the service directorate.
67. Each Directorate had an annual management (objectives) plan with high level objectives, which Co-Directors were responsible for achieving and cascading to Service Managers. These plans sometimes included objectives relating to staffing.
68. My Senior Management Team was enabled to monitor workforce issues through the receipt of a monthly workforce information report, an example of which I have enclosed behind Tab 10 of the exhibit bundle. This information report included:
- a. The number of staff in post, broken down by nature of the role and by area.
  - b. The number of bank staff being used, broken down by service area and by senior manager.
  - c. The number of staff on a career break.
  - d. The number of new starts and leavers broken down by nature of the role and by senior manager.
  - e. The number of temporary staff broken down by service area and by senior manager.
  - f. The amount of agency spend.
  - g. Absence rates.
  - h. The age profile of staff.
69. When I became the Director of ASPC, I was aware of the nurse staffing challenges in MAH. With a well-established regional resettlement programme and wards closing and/or merging, the patient population was reducing. This made the recruitment and retention of staff in Learning Disability services a challenge.



By way of example, the 2014/15 ASPC Management Objectives, Balanced Score Card, a copy of which can be found behind Tab 11 of the bundle, included the following:

*“Develop a workforce strategy in response to TYC (transforming your care)”*

*“Develop and implement plans for redeployment of hospital staff.”*

*“Develop hospital modernisation plan”*

This latter two points referred to MAH.

70. I am aware that my Co-Director for Learning Disability, John Veitch, established a Workforce Strategy Steering Group which included membership from other Trusts and Trade Unions as well as senior MAH staff. He would be better placed to answer any questions as to the work this group performed.

71. I can also recall one off events being organised to attempt to assist with a recruitment drive, with input from Senior Staff from the Directorate of Nursing. I can't recall specifics of the events, but they included things such as a one-stop recruitment shop style weekend for all specialities. From memory, we were successful in making a significant number of appointments from these events.

#### **Question 11**

**What processes were in place to provide career development opportunities to staff at MAH to ensure that staff had the required specialist skills to deliver care in a learning disability facility?**

72. The Co-Director of Learning Disability had managerial responsibility to ensure that there were effective arrangements in place in MAH for training and career development opportunities.

73. However, it would have been the role of the Service Manager (who was also the Associate Director of Nursing), with input from the Clinical Director, Psychology services and Social Work, to determine what specialist skills were required to deliver care in MAH and what opportunities were required in order to provide staff with those specialist skills.

**Question 12**

**Were data analysis and trend identification reports prepared at Directorate level in relation to MAH? If so, how regularly and how was the data used to inform improvements to patient care and staff training?**

74. When I was in post, I considered that the data reports that were prepared and considered by my Senior team across the various meetings at Directorate level were comprehensive and fulsome. I cannot, however, now remember the precise detail of each of those reports, but have done my best to recall them below.

75. The data reports that were prepared and considered at Senior Management team level included:

- a. Incidents;
- b. Complaints;
- c. Compliments;
- d. SAIs;
- e. RQIA inspection action plans;
- f. Workforce;
- g. Health and Safety Briefings.
- h. Budget Reports .

76. We were greatly assisted in this regard by the Planning and Performance Manager, the Senior Manager of Service Improvement, Quality and Governance, Finance and HR.

**Question 13**

**Was support provided by the Directorate to MAH in respect of data analysis and trend identification? If yes, please provide details of this support.**

77. I cannot remember any information beyond what I have covered in my answers to Question 5 and 12 above.

**Question 14**

**Please provide details of any occasions on which you became aware of concerns over the abuse of patients by staff at MAH and describe your recollection of action taken at Directorate level to address such concerns.**

78. There was only one occasion on which I can recall a concern of abuse of patients by staff at MAH being reported to me. This was the set of allegations that was the subject of investigation on Ennis Ward. I understand that the Ennis Report, and action taken to address those concerns, has already been considered by the MAH Inquiry in detail.

79. There were other occasions on which there were allegations of staff on patient incidents having occurred. The majority of these allegations were reported and investigated at local level.

80. I would only have been advised about these incidents if they required escalation or were particularly concerning. I would generally be advised of such matters by John Veitch, as Co-Director, who would have kept me apprised of, as appropriate, incidents he deemed significant e.g. where RQIA or other agencies were involved, where staff were suspended, where the incident met the criteria for an early alert or SAI as per regional policy.

81. I have a memory of RQIA having an anonymous reporting arrangement and where this occurred, RQIA would notify my office for information and John Veitch and/or Esther Rafferty for investigation and action.

**Question 15**

**Do you wish to draw to the attention of the Panel any other matters not covered by the above questions that may assist in the Panel's consideration of the Terms of Reference?**

82. As Director of ASPC for almost 4 years, I wish to add my observations and experience of being responsible for MAH.

83. I was shocked and disturbed when I learnt of the abuse which had occurred in 2017. I was distressed for the patients and their families who had trusted in us to provide safe, compassionate and effective care. I was also disturbed about the impact the events would have, and the subsequent necessary actions the Belfast Trust would have to take, on the vast majority of dedicated, caring and professional staff onsite.

84. During my time as Director, I visited MAH on a regular basis, often calling in to speak to the Service Manager, sometimes to visit particular wards, to attend events such as annual Carol services and "Friends of MAH" meetings. At all times I found a workforce who were dedicated, professional and caring, despite working in difficult circumstances, by which I mean the changes being made to MAH, the needs of its patient population and continuing to care for patients who should have been long since resettled into the community.

85. I also forged a constructive relationship with RQIA as a Regulation and Inspection Agency and I relied on the reports as an "outside" view of the standard of care being provided.

86. Resettlement was a difficult issue to navigate. In my experience, one of the main sources of resistance to the resettlement programme came from the families. Many families wanted their children to remain in the hospital that they and the patient considered to be their home, and thought they were well looked after, cared for and happy.

87. Finally, (in regard to MAH) I had the privilege of working with a team of very competent, professional and effective Managers, from John Veitch as Co-Director of Learning Disability to Mairead Mitchell as Quality, Safety and Governance Manager, Maria O’Kane as Associate Medical Director, down to Esther Rafferty as Service Manager and Associate Director of Nursing.

88. At Director level, the professional Directors of Nursing, Social Work and Medicine, along with the Chief Executive, were always interested, supportive and professional, when I found it necessary to seek their input or intervention.

89. I was therefore particularly taken back and devastated to hear that patients were being mistreated in MAH, when the staff whom I worked with cared genuinely about the patients in MAH.

#### **Declaration of Truth**

90. The contents of this witness statement are true to the best of my knowledge and belief. I have either exhibited or referred to the documents which I believe are necessary to address the matters on which the MAH Inquiry Panel has requested me to give evidence.

**Signed: Catherine McNicholl**

**Dated: 28 June 2024**

Catherine McNicholl Organisational Module 7 Exhibit Bundle "CMcN1"		
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# MAHI Muckamore Abbey Hospital Inquiry

MAHI Team  
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28 March 2024

**By Email Only**

Ms Catherine McNicholl

Dear Ms McNicholl

**Re MAHI Organisational Modules 2024: Request for Witness Statement**

The Inquiry is currently preparing for the final phase of evidence. Please see enclosed a document summarising the ten organisational modules to be heard in this phase: [Organisational Modules 2024.pdf \(mahinquiry.org.uk\)](#).

It is now anticipated that the Inquiry will hear evidence in respect of these modules in September and October 2024.

The purpose of this correspondence is to issue a request, in the first instance, for a statement from you that will assist the Inquiry in this phase of evidence. It should be regarded as a request by the Inquiry Panel for the purposes of Rule 9 of the Inquiry Rules 2006.

The Inquiry understands that you were Director of Adult, Social and Primary Care in the Belfast Health and Social Care Trust (BHSCT) from 2013 to 2016.

You are asked to make a statement for the following module:

**M7: MAH Operational Management**

I have also enclosed for your attention a copy of the Inquiry's [Terms of Reference](#). You will note that the module in respect of which you are asked to make a statement spans across the Terms of Reference.

The Panel requests that your statement firstly clarifies and explains your responsibilities in relation to Muckamore Abbey Hospital (MAH) throughout the time period within the Inquiry's Terms of Reference, that is between 2 December 1999 and 14 June 2021.

The Panel requests that your statement then addresses the enclosed set of questions ("Questions for witnesses with responsibility for operational management of MAH at

Directorate level”). It would be helpful if you could address those questions in sequence in your statement. If you do not feel that you are in a position to assist with a particular question, you should indicate accordingly and explain why that is so.

Please note that, while the Inquiry has received and heard a considerable body of evidence about the relevant systems and processes that were in place during the timeframe of the Terms of Reference, the Inquiry will now be focusing primarily on the *adequacy and effectiveness* of those systems and processes.

Please see enclosed a Statement Format Guide that will assist with the presentation of your statement. It is important that statements made for Inquiry purposes should be consistent in format. It is appreciated that the number of required sections will depend on the range and breadth of issues to be covered and that some flexibility will be needed to ensure the most effective presentation, but you are asked to adhere to the Guide to the extent that is possible.

You are requested to furnish the Inquiry with your completed statement by 10 May 2024. Your statement should be uploaded to the Inquiry’s document management platform BOX via the following link:

<https://mahinquiry.box.com/s/5xua86ue2du7top1p8c0c9k68uginac9>

Should you have any issues accessing BOX please email [info@mahinquiry.org.uk](mailto:info@mahinquiry.org.uk) and a member of the team will assist you.

Statements made for the purpose of the organisational modules will be published on the Inquiry’s website.

As noted above, it is anticipated that evidence in these modules will be heard by the Inquiry in September and October 2024. If there are any dates in those months on which you will be unavailable to attend the Inquiry to give evidence, please inform the Inquiry as soon as possible by emailing the Inquiry Secretary [jaclyn.richardson@mahinquiry.org.uk](mailto:jaclyn.richardson@mahinquiry.org.uk).

If you have any queries about this correspondence, please do not hesitate to contact me.

Yours faithfully,



Lorraine Keown  
Solicitor to the Inquiry

Encs:

1. Outline of Organisational Modules April – June 2024. [Organisational Modules 2024.pdf \(mahinquiry.org.uk\)](#)
2. [MAHI Terms of Reference](#).
3. OM2024 Statement Format Guide.
4. Questions for witnesses with responsibility for operational management of MAH at Directorate level.





**M7: MAH Operational Management  
Questions to be Addressed in Witness Statement**

**Questions for witnesses with responsibility for operational management of MAH at  
Directorate level**

1. Please explain what your role was in the operational management of MAH and when you held that role? In doing so please explain:
  - i. The cohort of staff or area for which you had leadership and/or management responsibility.
  - ii. The day to day responsibilities of your role.
2. Please explain your understanding of the structures that were in place for the operational management of MAH?
3. Please explain the lines of accountability from MAH ward staff through to the Trust Board? Who decided that matters ought to be escalated? Was there guidance to identify when that ought to happen and what action ought to be taken?
4. What training was provided for new line managers at MAH on staff management processes?
5. What regular meetings took place at Directorate level in relation to MAH? In answering this question, please provide an explanation of:
  - i. How often meetings occurred.
  - ii. Who attended meetings.
  - iii. Who decided the agenda for meetings.
  - iv. What regular reports were provided to meetings.
  - v. How reports were prepared, and by whom.
  - vi. Who reports were sent to.
  - vii. How concerns were escalated.

6. What arrangements were in place at Directorate level to monitor the following:
  - i. Staff implementation of and adherence to BHSCT policies.
  - ii. Nursing staff adherence to professional nursing standards.
  - iii. Clinical staff adherence to professional clinical standards.
7. If concerns about the particular matters addressed in question 6 were identified, how were they escalated?
8. What performance management processes were in place to monitor and improve the performance of all staff, including those in leadership positions, at MAH?
9. Were line managers required to seek HR advice and/or inform HR if they undertook performance management meetings?
10. What arrangements were in place at Directorate level for workforce monitoring, planning and implementation to ensure the appropriate staffing levels and skill mix (and thereby to ensure safe care) at MAH? Please also explain how any concerns about such matters were escalated.
11. What processes were in place to provide career development opportunities to staff at MAH to ensure that staff had the required specialist skills to deliver care in a learning disability facility?
12. Were data analysis and trend identification reports prepared at Directorate level in relation to MAH? If so, how regularly and how was the data used to inform improvements to patient care and staff training?
13. Was support provided by the Directorate to MAH in respect of data analysis and trend identification? If yes, please provide details of this support.
14. Please provide details of any occasions on which you became aware of concerns over the abuse of patients by staff at MAH and describe your recollection of action taken at Directorate level to address such concerns.
15. Do you wish to draw to the attention of the Panel any other matters not covered by the above questions that may assist in the Panel's consideration of the Terms of Reference?

**BELFAST HEALTH & SOCIAL CARE TRUST**

**Minutes of the Adult, Social & Primary Care Directorate Meeting held on  
Tuesday 3 June 2014  
10.30 am**

**Seminar Room 5, Elliott Dynes, RVH**

**Present :** Ms Catherine McNicholl Director, Adult, Social & Primary Care  
Mr Barney McNeany, Co-Director, Mental Health and CAMHS  
Ms Joan Peden, Co-Director, Human Resources  
Mr John Veitch Co-Director, Learning and Children's Disability  
Mrs M Heaney, Co Director Older People Services  
Mrs Alma Milligan, Administrative Services Manager  
Mrs Mairead Mitchell, Senior Manager, Service Improvement and Governance  
Mr Michael Blaney, Service Group Accountant  
Mrs Gabby Tinsley, Associate Director of Nursing (Older)  
Mr Mel Carney, Associate Director of Nursing (MH)  
Dr Maria O'Kane, Associate Medical Director

**Apologies:** Mrs Esther Rafferty Associate Director of Nursing (Learning Dis)

<b>Item Number</b>	<b>Outcome of Agenda Item Discussed</b>	<b>Action &amp; Lead</b>
1.0	<p><b>Apologies</b></p> <p>As noted above.</p>	
	<p>A new date to be set for Catherine Shannon to attend regarding HRPTS.</p> <p>Discussion took place about HRPTS and Joan Peden provided an update about team support role and pilot roll out in Domiciliary Care payroll.</p> <p>Mrs Mitchell advised Adult Social and Primary Care Directorate HRPTS Group is providing support for activities, including Team Support Role.</p> <p>Mrs Mitchell also highlighted issues for Domiciliary Care staff who do not have access to computer terminals. Training would be necessary as many staff do not use computers. At this stage the Group is gathering information.</p>	Hayley Kerr
	<p>Bernie McQuillan attended re L&amp;IA Improvement Work for 2014/15, and was accompanied by Ms Karen Hamill who has been seconded from the Beeches to work with her on the L&amp;IA.</p>	

	<p>Mrs McQuillan updated on the L&amp;IA Improvement work and circulated an email from Christina Campbell dated 30 May on the information gathered to date on Phase One and amendments/additions should be returned by 3 June 2014.</p> <p>Mrs McQuillan also circulated a synopsis of the Review of year 1 and the outline for 2014/15.</p> <p>Mrs McQuillan advised that there would be management workshops which will commence at the end of July and Ms Karen Hamill will issue an easy read document of the menu of services available. Joan Peden reinforced the need for this.</p> <p>Following lengthy discussion it was agreed that Mrs McQuillan will meet with the Co-directors, i.e. Mr Barney McNeany, Mr John Veitch and Ms Marie Heaney to update the plan for each service area.</p> <p>Mrs McNicholl thanked Mrs McQuillan and Ms Hamill for attending and providing an update.</p>	<p>All</p>
<p><b>2.0</b></p>	<p><b><u>Minutes of the Previous Meeting</u></b></p> <p>Minutes of the previous meeting on 6 May were not available but will be circulated at a later date.</p>	
<p><b>3.0</b></p>	<p><b><u>Chairman's Business</u></b></p> <p>Ms McNicholl offered her condolences and that of SMT to Mr Michael Blaney on the recent loss of his father.</p> <p>Ms McNicholl wished Ms Alma Milligan well on her retirement this month, as this is her last meeting. She thanked Alma very much for her contribution over the last two years and for her 40 years' service within the Health Service. Everyone is looking forward to celebrating with her at the Breakfast Event planned for 24 June 2014.</p>	
<p><b>3.0</b></p>	<p><b>Matters Arising</b></p> <p>There was no Matters Arising</p>	
<p><b>4.0</b></p>	<p><b>Safety &amp; Excellence</b></p> <p>➤ <b>Major Incident Plan</b></p> <p>The Major Incident Plan was discussed and Mrs Heaney stated that she had met with Mary Carey and will circulate the updated plan throughout her Team.</p>	

	<p>Dr O’Kane enquired about how the medical staff will be involved in the major incident plan and Mrs Heaney provided an outline. Dr O’Kane asked to be included in any training sessions organised.</p> <p>Concerns were expressed in relation to Family &amp; Child Care OOH’s staff involvement in the CERT. Discussion ensued and it was agreed this would be kept under review.</p> <p>Also the matter of wards to be used in the event of a major incident plan was discussed at length, for example Shimna ward, and Mr Carney enquired who is taking responsibility on the up-keep of these wards and does this need to be looked at.</p> <p>Ms McNicholl asked that Mr Carney take this forward on behalf of Mr Barney McNeany and Mr John Veitch.</p> <p>➤ <b>Corporate Statutory Mandatory Training Compliance</b></p> <p>Mrs Mitchell advised that she chaired a working group on Statutory and Mandatory Training and had circulated a Statutory and Mandatory Training Matrix. This must be completed before the end of June for six key areas.</p> <p>Ms McNicholl asked all managers to return individual sheets to her/Ms Mitchell for collation.</p> <p>➤ <b>Internal Audit Plan 2014/15</b></p> <p>Ms McNicholl had emailed out the Internal Audit Plan and highlighted the three areas of the Internal Audit Strategy, Internal Audit Plan 2014/15 to 2016/17 and Internal Audit Annual Plan 2014/15.</p> <p>Mrs Mitchell advised that the Statutory and Mandatory Training and HRPTS were included on it.</p> <p>Ms McNicholl also highlighted issues regarding Client Monies in the Independent Sector, Adult Supported Living Client Monies (Trust and Independent Services).</p>	<p>M Carney</p> <p>All : End of June</p>
<p><b>5.0</b></p>	<p><b>Continuous Improvement</b></p> <p>➤ <b>Web Conferencing</b></p> <p>Ms McNicholl encouraged everyone to grasp the opportunity to use technology. Issues were highlighted that, at present, our computer system was not compatible for web conferencing in some areas</p>	

	<p>Mrs Heaney pointed out the benefits of web conferencing, which has been proving very useful. Mr Mel Carney advised that Mental Health were also finding web conferencing very useful but unfortunately this was not available on the Knockbracken site.</p> <p>Ms McNicholl asked for regular updates on web conferencing usage, if used in management meetings, and she also encouraged different ways of working.</p> <p>➤ <b>2014/15 Management Plans reflecting final Quality Improvement Plan 2014/15 (Issued 7.5.14)</b></p> <p>Ms McNicholl has met with Mr Maurice O’Kane regarding the introduction of Balanced Scorecards. These have to be completed by the end of June and Mr O’Kane has agreed to meet with Co-Directors to transcribe their plans onto the balanced scorecard template, and Mr John Veitch agreed to circulate the template of his plan.</p> <p>Mr Maurice O’Kane gave an update on the current position on this and Ms McNicholl asked to review this when it is updated.</p> <p>➤ <b>Integrated Elective Access Protocol (IEAP) KPI Reports</b></p> <p>Ms McNicholl advised that this protocol had been circulated to the relevant groups to look at the different options.</p> <p>➤ <b>Review Year 1 of Leadership &amp; Innovation Academy</b></p> <p>Mrs Bernie McQuillan attended the meeting and updated.</p> <p>➤ <b>IIP Directorate Improvement Plans/Composition of IIP</b></p> <p>Ms McNicholl advised she had received an email from Mary Boyle regarding IIP Workshops as the IIP is now due for renewal again.</p> <p>Ms McNicholl also advised that Mrs Mitchell is standing down re IIP and she thanked her for all her hard work and asked for nominations to lead IIP.</p> <p>Mrs Heaney advised that she is currently looking for a replacement for Maureen Begley on the IIP Group and will discuss this at her next SMT.</p> <p>Ms McNicholl asked for a volunteer Co-Director to chair the group and to advise her accordingly.</p>	<p>Co Directors</p>
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<p><b>6.0</b></p>	<p><b><u>Partnerships</u></b></p> <p>Not discussed.</p>	
<p><b>7.0</b></p>	<p><b><u>Our People</u></b></p> <p>➤ Personal Contribution Framework 2014/15: Memo from Marie Mallon</p> <p>Ms McNicholl advised that Adult Social and Primary care was 79% compliant against a target of 90%.</p> <p>Mr Maurice O’Kane said it will be monitored at the end of June for the previous year. There was confusion as to the ‘year’ in question.</p> <p>Ms Joan Peden will clarify if this is to start at the beginning of September 2014.</p> <p>Ms McNicholl requested quarterly returns for the Directorate for appraisals compliance.</p> <p>Further in-depth discussion took place regarding staffing and, in particular, agency staff.</p> <p>Ms McNicholl discussed the recurrent and non-recurrent posts and vacancy controls.</p>	<p>J Peden</p>
<p><b>8.0</b></p>	<p><b><u>Resources</u></b></p> <p><b>Briefing Paper: Broadway Towers Site</b></p> <p>The Briefing Paper – Broadway Towers had been circulated.</p> <p><b>CRL 2013/14 Outrun – AS&amp;PC</b></p> <p>Ms McNicholl referred to correspondence from Mr Martin Dillon about the Trust’s general capital expenditure against approved allocations in 2013/14, and the matter was widely discussed. Ms McNicholl agreed to follow this up with Martin Dillon.</p>	
<p><b>9.0</b></p>	<p><b><u>Any Other Business</u></b></p> <p>Dr O’Kane enquired what the Trust were doing to help support the ethnic minority staff to give reassurance in light of the recent negative media.</p> <p>Mrs Heaney felt that a message of support should go out as staff are feeling particularly vulnerable at present.</p> <p>Ms Peden offered to speak to Marie Mallon.</p>	<p>J Peden</p>

	<p>Mrs Heaney enquired if the draft Report on Associate Directors of Nursing from the Beeches will be issued soon.</p> <p>Mr McNeany asked if the Audit on compliance with the Absence Policy was available.</p> <p>Ms Joan Peden will follow up and see if it can be made available and agreed to circulate it.</p> <p>Ms McNicholl suggested an “Away Day” in October 2014. Mr Maurice O’Kane to arrange.</p> <p>The format of the day was widely discussed to include;</p> <ul style="list-style-type: none"> <li>• 20 minute presentations,</li> <li>• balance scorecards,</li> <li>• communication with staff,</li> <li>• developing team effectiveness.</li> </ul>	<p>J Peden</p> <p>M O’Kane</p>
<p>10.0</p>	<p><b><u>Date, Time &amp; Venue of Next Meeting</u></b></p> <p>Tuesday 1 July 2014</p> <p>9.30 am</p> <p>Conference Room 1, Fairview, Mater Hospital Site</p>	





## ASSURANCE FRAMEWORK COMMITTEE

### TERMS OF REFERENCE

<b>COMMITTEE</b>	<b>Adult Social and Primary Care Directorate</b>
<b>PURPOSE</b>	To provide assurance to the Trust's Assurance Committee that there are effective structures, systems and policies in place for the management of all aspects of the Governance Agenda in the Adult Social and Primary Care Directorate.
<b>MEMBERSHIP</b>	<p><b>Chair:</b> Ms Catherine McNicholl, Director</p> <p><b>Membership: -</b></p> <p>John Growcott, Co-Director, Social Work and Social Care Governance          Barney McNeany, Co-Director, Mental Health &amp; CAMHS          Marie Heaney, Co-Director, Older People and Physical Disability          John Veitch, Co-Director, Learning Disability Services          Mairead Mitchell, Senior Manager, Service Improvement and Governance          Jacqui Austin, Senior Manager, Governance          Dr Maria O'Kane, Associate Medical Director          Dr. Sarah Meekin, Head of Psychological Services          Mel Carney, Associate Director of Nursing for Mental Health          Esther Rafferty, Associate Director of Nursing for Learning Disability          Gabby Tinsley, Associate Director of Nursing for Older People's Services          Paula Cahalan, Senior Manager, Allied Health Professionals          Karen Cunningham, Lead Health and Safety Manager</p> <p><b>In attendance:</b> Any Senior Professional or Senior Manager within the directorate or Trust will, where appropriate, be invited to attend.</p> <p><b>Secretary:</b> Rachael O'Connor, Quality and Information Assistant, Service Improvement and Governance</p> <p><b>Member Appointments:</b> As per the management and professional appointments</p>

<p><b>DUTIES</b></p>	<p>To provide a Forum that reports on all aspects of Governance within Directorate;</p> <p>Agree the Annual Governance report for the Trust's Assurance Committee;</p> <p>Ensure that clear lines of accountability and responsibility exist within the Directorate for the overall quality of care;</p> <p>Ensure the co-ordination and prioritisation of the Directorate's risk register, and provide reports to the Trust's Assurance Committee when required.</p> <p>To monitor the incident reports, complaints and compliments and ensure that staff within the service are supported in learning from incidents, complaints and compliments;</p> <p>To receive reports including examples of good practice and innovation and agree the way forward for any future recommendations and actions;</p> <p>Ensure all staff within the Directorate are provided with adequate governance information, training and education;</p> <p>To promote an open and participative culture of partnership working with patients, clients and the community</p> <p>To receive Health and Safety briefing to cascade information</p> <p>Statutory Functions</p>
<p><b>AUTHORITY</b></p>	<p>Authorised by the Trust Assurance Group to review any activity within its terms of reference. It may seek relevant information from any:</p> <ul style="list-style-type: none"> <li>• Employee;</li> <li>• Other Committee, subcommittees or group established within the Trust Assurance Framework to assist in the delivery of its functions.</li> </ul>
<p><b>MEETINGS</b></p>	<p><b>Quorum</b>                  The quorum for the meeting will be the Chair (or Deputy) plus no less than 60% of the membership. Should a member be unavailable, they may nominate a deputy to attend in their place subject to the agreement of the Chair.</p>

	<p><b>Frequency of Meetings</b> The Committee will meet four times per year and agree a schedule of meetings at least 12 months in advance. Additional meetings will be arranged as determined by the Chair.</p> <p><b>Papers</b> Agenda and papers will be disseminated to Committee Members four working days before the date of the meeting and wherever possible, electronically.</p>
<b>REPORTING</b>	<p>The Committee is accountable to the Trust Assurance Group for its performance in exercising the functions set out in these terms of reference.</p> <p>The Committee, through its Chair and members, shall work closely with other Trust Steering Groups and Committees in the Assurance Framework.</p> <p>In doing so, the Committee shall contribute to the integration of good governance across the Directorate, ensuring that all sources of assurance are incorporated into the Trust's overall Risk and Assurance Framework.</p>
<b>CONFLICT/ DECLARATION OF INTEREST</b>	<p>The Chair shall seek and record any declaration or conflict of interest from members prior to every meeting of the committee.</p>
<b>REVIEW</b>	<p>These terms of reference and operating arrangements will be reviewed on at least an annual basis by the committee.</p> <p>Reviewed December 2015</p>

1,058

**BELFAST HEALTH AND SOCIAL CARE TRUST  
ADULT SOCIAL AND PRIMARY CARE GOVERNANCE MEETING  
HELD ON 25 JUNE 2015 AT 2.00 P.M.  
IN CONFERENCE ROOM 1, FAIRVIEW**

**Present:** Ms. Catherine McNicholl, Director, Adult Social and Primary Care (Chair)  
Ms. Jacqui Austin, Senior Manager, Governance  
Mrs Louise Moore, Complaints Manager  
Ms. Gabby Tinsley, Associate Director of Nursing, Older People's Services  
Ms. Marie Heaney, Co-Director, Older People's Services and Physical Disability and Sensory Impairment Services  
Mr. Barney McNeany, Co-Director, Mental Health Services and CAMHS  
Mrs. Mairead Mitchell, Senior Manager, Service Improvement and Governance  
Ms. Esther Rafferty, Associate Director Nursing, Learning Disability Services  
Dr. Sarah Meekin, Head of Psychological Therapies  
Mr Barney McNeany, Co-Director, Mental Health & CAMHS  
Ms. Karen Cunningham, Lead Health and Safety Manager  
Mr. John Growcott, Co-Director, Social Care Work  
Mr. John Veitch, Co-Director, Children's Disability and Learning Disability  
Ms. Paula Calahan, Allied Health Professions Services Manager

**In Attendance:** Miss. Rachael O'Connor, Quality Assistant (minutes)  
Miss. Patricia Minnis, Quality and Information Manager

**Apologies:** Dr. Maria O'Kane, Associate Medical Director  
Mr. Mel Carney, Associate Director of Nursing, Mental Health Services  
Mr. Maurice O'Kane, Planning and Performance Manager

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**Action**

**1.0 Minutes of the last meeting held on 12 March 2015**

Ms. McNicholl asked that the above minutes be amended to reflect clearly that the meeting had taken place in 2015.

**2.0 Conflicts of Interest**

No conflicts of interest were highlighted.

**3.0 Terms of Reference (Review)**

Those present noted the draft terms of reference. The following changes were agreed: -

- Maurice O'Kane and Michael Blaney to be removed from membership;
- Invite David Robinson onto the committee as Co-Director of

Nursing;

It was agreed that Associate Directors of Nursing did not all need to attend each governance meeting and should agree to attend on a rotational basis.

Amendments to be made and terms of reference reissued for approval.

**M. Mitchell**

#### **4.0 Matters Arising**

There were no matters arising.

#### **5.0 Serious Adverse Incidents**

##### **5.1 Shared Learning IV Paracetamol**

Those present noted the shared learning paper in relation to IV Paracetamol. Mrs. Mitchell highlighted that this was applicable across all of the Directorate and had gone to all local governance meetings for dissemination.

##### **5.2 SAls within Adult Social and Primary Care (January to March 2015)**

Those present noted the above. Mrs. Mitchell advised that the Directorate's reports had been highlighted by the Health and Social Care Board as good practice. Mrs. Mitchell continued that she had recently presented ASPC's process in relation to the reporting and management of SAls and had been asked to facilitate the attendance of Co-Directors of other Directorates at future ASPC reviews to shadow her.

#### **6.0 Complaints**

Those present noted the complaints overview for Adult Social and Primary Care for 2014/15. The significant increase in complaints from the same time period for 13/14 was noted. Discussion ensued and it was agreed that: -

- Mrs. Moore should review figures contained within the report for accuracy;
- Mrs. Moore to update report to include the number of reopened cases;
- Mrs. Mitchell and Ms. Heaney to discuss complaints involving third body providers;

**L. Moore**

Mrs. Mitchell advised of developments within the Directorate: -

- All people reopening a complaint are now automatically offered a meeting with services in an attempt to ascertain the complainant's view of services;
- Mrs. Mitchell and Mrs. Moore continue to roll out complaints training within the Directorate. This is felt to be having a positive impact on people's responses to complaints;
- Work is currently ongoing with CAMHS to identify any trends in

complaints and identified learning.

Ms. McNicholl advised that whilst adherence to deadlines was important, she felt that it was more important to look at complaints in terms of the appropriate action taken, what was the learning from the complaint and how it has impacted upon the services as a result. A staff learning forum including a service user's perspective was suggested. Mrs. Mitchell to take forward.

**M. Mitchell**

## 7.0 Risk Register

Those present were referred to the current Adult Social and Primary Care Risk Register contained within their papers. There is currently nothing on the Trust's Principal Risk Register and the Directorate's risk register is reviewed by each service group on a least a quarterly basis. Those present noted: -

- Staffing issues at Muckamore Abbey Hospital and in Older People's Services should be resolved by the end of the summer.
- Mr. McNeany to discuss the issue of profiling beds with Ms. McNicholl during his 1:1 with her.

## 8.0 Health & Safety

Mrs Cunningham's Health and Safety briefing was noted by those present who were asked to ensure that this information was cascaded down to staff. Particular reference was made to the following sections:

**First Aid at Work Training** - course dates can be organised with Paul Berry, contact details on briefing note.

**Facilities using Woodworking Equipment** - all relevant woodworking workshops and woodworking equipment to be risk assessed as per the Northern Ireland Health and Safety Executive guidelines.

**Development of Trust Patient Choking Policy** - Mrs Cunningham advised that any choking incidents involving death or serious injury should be reported under RIDDOR. A group has been established to develop a trust policy on patient choking. Mrs. Cunningham advised that this was a particularly complex policy as different services were doing different things.

**Mandatory Health & Safety Course Dates** - Mandatory training dates are now available and can be booked through HRPTS.

**BRAAT Phase 2** – Work is ongoing in relation to the completion of BRAAT Phase 2 within Adult Social and Primary Care.

**RIDDOR Incidents** – Ms. Heaney expressed her concerns in relation to patient falls within her service area and the poor

**K.  
Cunningham**

outcomes for patients. The rise in absence due to abuse of staff by patients was noted. It was agreed that: -

- Ms. Cunningham to obtain figures in relation to RIDDOR incidents for Avoca Ward;
- Ms. Cunningham to collate figures in relation to RIDDOR incidents for the Directorate in terms of lost time, dates staff reported sick and returned to work. Services to explore the impact staff absence had on ward/service area;
- Ms. Heaney to add work around falls to her management plan and convene a working group to look at patient falls within her service area;

**K.  
Cunningham**

**K.  
Cunningham  
ALL  
M. Heaney**

## **9.0 Mortality and Morbidity**

Those present noted the April 2015 Mortality and Morbidity Report. Ms McNicholl highlighted the importance of 100% reporting compliance to ensure accurate figures. Mrs. Mitchell advised that Dr. Cathy Jack, Medical Director for Belfast Trust was convening a meeting regarding Mortality and Morbidity which she had been invited to attend.

## **10.0 RQIA**

Those present noted the report in relation to RQIA inspections contained within their papers. Mrs Mitchell advised that RQIA would no longer be using the compliance rating.

## **11.0 Reports for Noting**

Those present noted the following reports contained within their papers: -

- Gifts and Hospitality Register
- Information Governance Report – Mrs Mitchell advised that there was 1 minor incident involving breach of confidentiality in the Adult and Social and Primary Care Directorate
- Internal Audit Responses

## **12.0 AOB**

### **12.1 Northern Ireland Medicine Kardex**

Those present noted that this Kardex is for use only in Acute Wards. It is not applicable to long stay mental health or learning disability wards

### **12.2 Executive Management Team (Table of Policies, Guidelines and Care pathways)**

Those present noted the above within their papers. Mrs. Mitchell asked that any new policies within respective service areas be passed to her to take to the Standards and Guidelines Committee for ratification and uploading

onto the Trust's Hub.

Mrs. Mitchell advised that RQIA had raised the issue of out of date policies during recent inspections. She has highlighted this to the Policy Committee and any policies that are out of date will be removed from the Hub.

**12.3 Information Governance Newsletter May 2015**

Those present noted the above within their papers.

**12.4 Transportation of Records**

Those present noted the above document within their papers. Mrs. Mitchell asked that this be disseminated to all staff.

**12.5 NICE Guidance for Adult Social and Primary Care**

Mrs. Mitchell advised that the rollout of NICE Guidance continued and that a database had now been developed which contained links to each NICE Guidance response.

**13.0 Date, time and venue of next meeting**

The next Adult Social and Primary Care Governance Meeting will take place on Thursday 10<sup>th</sup> December 2015 at 2.00pm in Conference Room 1, Fairview.



# ADULT SOCIAL PRIMARY CARE Governance Dashboard April 2016 - March 2017



# ASPC - Governance Dashboard – April 2016 - March 2017 incidents



## MH CAMHS 2016/2017

Incidents - Mental Health Services (inc CAMHS)	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Average 2015 / 16
Abusive, violent, disruptive or self-harming behaviour	213	163	160	195	216	230	225	226	248	178	249	254	213
Access, Appointment, Admission, Transfer, Discharge	56	24	29	45	40	51	40	59	57	36	49	65	33
Accident that may result in personal injury	29	33	28	23	22	22	31	50	31	19	31	31	25
Consent, Confidentiality or Communication	2	3	1	0	5	5	1	4	4	1	1	3	1
Clinical assessment (investigations, images and lab tests)	0	0	0	0	0	0	0	0	0	0	0	0	0
Financial loss	0	0	1	0	0	0	0	0	0	0	0	0	0
Implementation of care or ongoing monitoring/review	5	3	5	3	1	2	0	1	0	0	2	2	2
Infrastructure or resources (staffing, facilities, environment)	5	2	9	2	1	3	7	6	8	5	2	4	3
Medical device/equipment	0	0	3	2	2	0	0	1	3	0	0	1	1
Medication	7	8	14	8	18	17	16	14	13	22	15	17	15
Other - please specify in description	1	3	3	2	6	3	3	5	9	1	7	1	3
Patient information (records, documents, test results, scans)	1	2	2	7	3	2	3	2	2	1	6	4	1
Security	46	49	67	47	45	46	33	40	43	23	43	41	16
Treatment, procedure	1	0	0	0	0	1	3	0	0	0	0	0	1
Total	366	290	322	334	359	382	362	408	417	291	400	425	312
Avg per month 2015/2016	312	312	312	312	312	312	312	312	312	312	312	312	312

## LD 2016/17

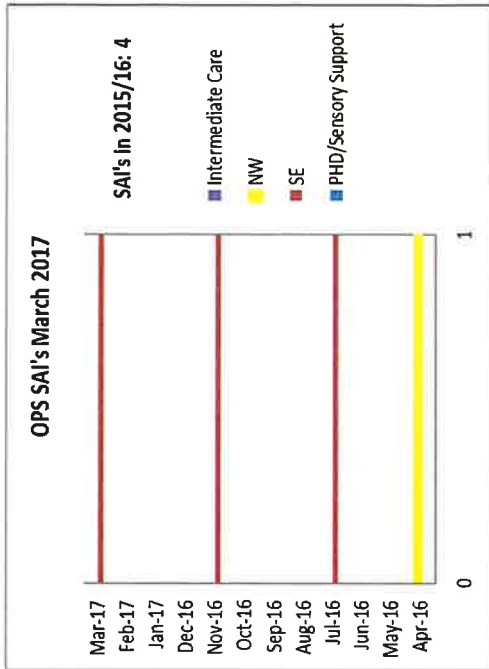
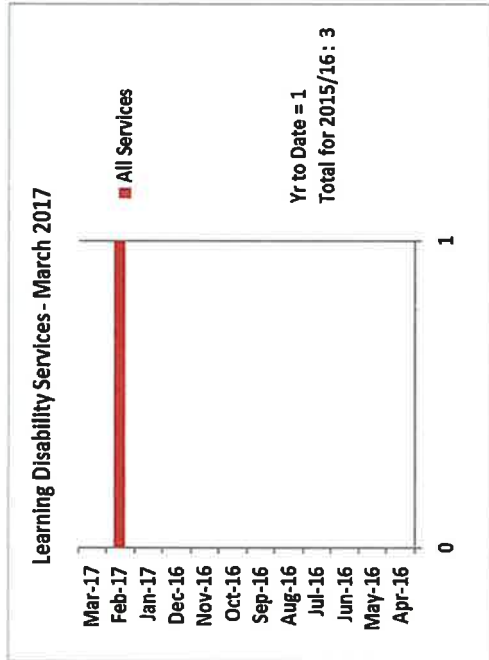
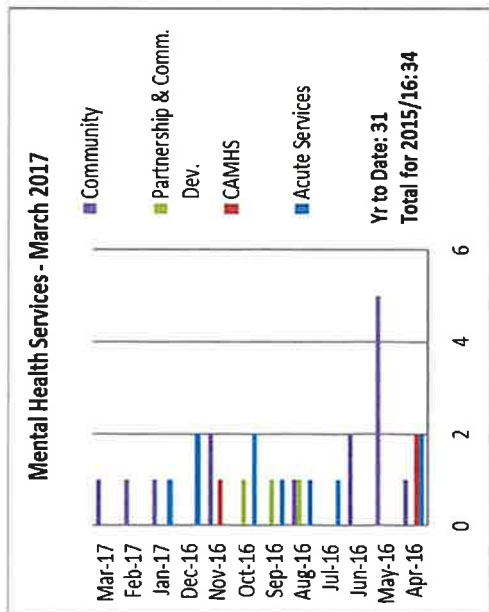
Incidents within Learning Disability Services	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Average 2015 / 16
Abusive, violent, disruptive or self-harming behaviour	262	312	332	294	326	294	326	329	287	266	328	274	46
Access, Appointment, Admission, Transfer, Discharge	9	4	1	8	5	7	6	5	3	3	3	6	29
Accident that may result in personal injury	36	44	56	42	48	45	47	38	43	46	55	61	3
Consent, Confidentiality or Communication	0	4	0	3	1	0	0	0	0	0	0	0	0
Financial loss	0	0	0	0	0	0	0	0	0	0	0	0	0
Implementation of care or ongoing monitoring/review	1	2	3	1	0	1	0	2	2	0	2	1	2
Infrastructure or resources (staffing, facilities, environment)	0	0	1	0	5	30	13	11	15	10	7	22	5
Medical device/equipment	0	2	9	0	1	0	0	2	1	1	1	1	1
Medication	8	16	0	10	5	17	10	3	5	9	8	8	14
Other - please specify in description	8	14	8	10	13	1	9	7	6	2	2	5	4
Patient information (records, documents, test results, scans)	0	0	2	0	0	0	0	0	0	1	0	0	3
Security	1	1	3	5	4	1	0	2	3	1	2	0	44
Treatment, procedure / Clinical investigation	0	0	0	0	0	0	1	1	0	0	0	0	0
Total	325	399	415	373	408	389	420	407	363	335	410	383	363
Avg per month 2015/2016	312	312	312	312	312	312	312	312	312	312	312	312	312

## OPS 2016/2017

Incidents within Older Peoples Services	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17	Average 2015 / 16
Abusive, violent, disruptive or self-harming behaviour	35	32	31	29	32	21	34	45	22	41	30	47	51
Access, Appointment, Admission, Transfer, Discharge	9	12	8	7	6	8	9	7	4	5	8	6	13
Accident that may result in personal injury	109	123	119	109	154	147	131	143	138	171	119	193	199
Consent, Confidentiality or Communication	4	9	7	4	8	7	10	7	10	4	3	7	9
Clinical assessment (investigations, images and lab tests)	0	1	0	1	1	2	1	0	1	0	1	0	0
Financial loss	0	0	0	0	0	0	0	0	0	0	0	0	0
Implementation of care or ongoing monitoring/review	53	39	68	64	55	78	44	59	54	53	53	69	67
Infrastructure or resources (staffing, facilities, environment)	2	28	3	5	7	12	4	4	7	6	3	6	6
Medical device/equipment	10	14	31	16	14	12	15	14	8	15	11	22	12
Medication	44	28	47	27	31	39	31	38	29	28	25	35	53
Other - please specify in description	11	5	6	13	8	12	4	12	4	7	10	10	13
Patient information (records, documents, test results, scans)	4	7	17	10	8	4	4	7	6	8	3	8	9
Security	6	5	5	6	8	8	7	9	9	9	9	9	7
Treatment, procedure	0	1	1	3	2	1	4	3	2	1	2	2	2
Total	287	304	343	294	334	35	298	348	288	348	277	414	441
Avg per month 2015/2016	441	441	441	441	441	44	441	441	441	441	441	441	441

# ASPC - Governance Dashboard – April 2016 - March 2017

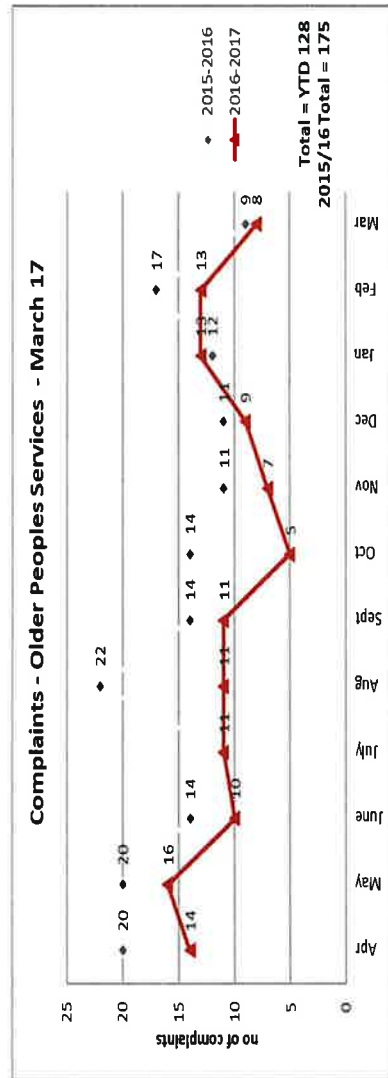
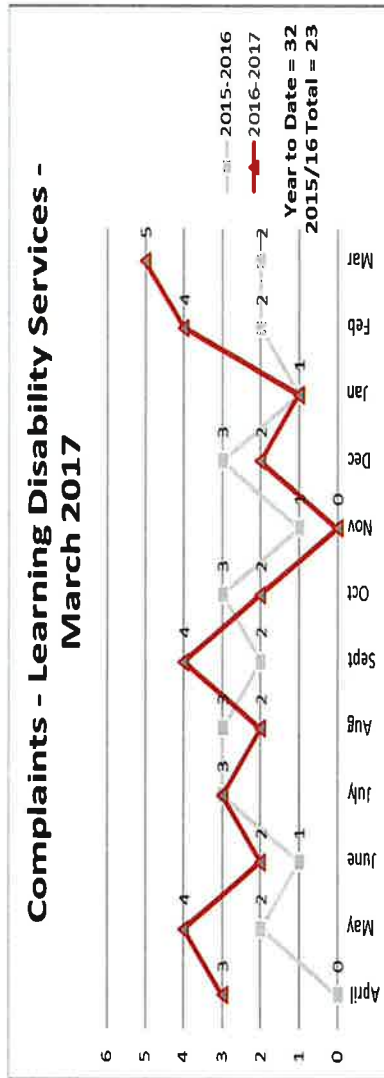
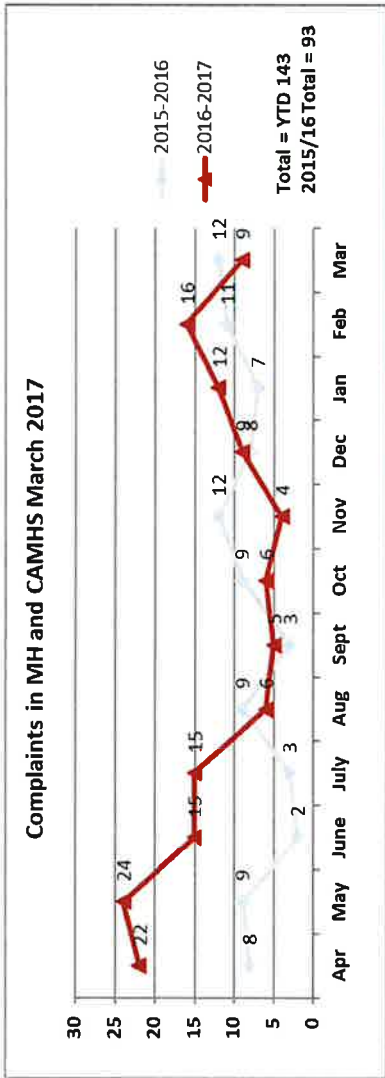
## sai's



Number of Serious Adverse Incidents within Adult Social Primary Care as of from April 2016 to March 2017 = 36.

41 SAI's in Previous Year, April 2015 – March 2016.

# ASPC - Governance Dashboard – April 2016 - March 2017 complaints



ASPC Complaints Response Times		
Quarter 1		Quarter 2
20 Working Days	30 Working Days	20 Working Days
26%	41%	45%
		59%
Quarter 3		Quarter 4
20 Working Days	30 Working Days	20 Working Days
26%	41%	48%
		60%

303 complaints in total from April 2016 – March 2017, as of from 19/06/2017. 291 complaints for previous year, April 2015 – March 2016

# ASPC - Governance Dashboard – April 2016 - March 17 inspections

	Unannounced Care Inspection	Unannounced Finance	Unannounced Inspection	Unannounced Medicines Management Inspection	Announced Premises Inspection	R'dations
Apr-16	None advised to date					
May-16	None advised to date					
Jun-16	None advised to date					
Jul-16	Ravenhill Day Centre		Beechcroft Ward 1			10
Aug-16			Shannon Ward 1			1
			Shannon Ward 2			16
			Shannon Ward 3			16
			NRU			2
Sep-16			Mater Ward K			5
	Home Treatment House					4
					North Belfast Day Centre	6
Oct-16		Home Treatment House				1
Nov-16			Rathlin, KHCP			11
Dec-16	None advised to date					3
Jan-17	Home Treatment House		Avoca, Knockbracken			3
			Clare, Knockbracken	Home Treatment House		0
Feb-17						13
Mar-17	North Belfast Day Centre		342 Ormeau Road			5
						0

**Mental Health Services RQIA Inspections**  
17 advised to date as of from 16/06/2017.  
2015/2016 – 21 Inspections, 73 recommendations.

**Learning Disability Services RQIA Inspections**  
32 advised to date as of from 16/06/2017.  
2015/2016 – 32 Inspections, 84 recommendations.

	Unannounced Care Inspection	Unannounced	Announced Care Inspection	Announced Premises Inspection	No. R'dations
Apr-16	Unannounced Care Trench Park				2
				Mica Day Centre	0
May-16	Hanna Street 611 Ormeau Road			Fallswater Day Centre	0
Jun-16					0
Jul-16		Donegore			4
Aug-16		Muckamore, Erne		Everton Day Centre	12
	Mica Drive Day Services Rigby Close Fortwilliam				0
	80 Malone Road				0
Sept-16	Merton Park Suffolk Day Centre Orchardsville				3
		Muckamore, Moylena			3
Oct-16	Hanna Street			80 Malone Road Edgescumbe TRC	0
					9
Nov-16	Trench Park	Muckamore, Killead			3
				Rigby Close	1
		Muckamore, Cranfield			4
Dec-16	Everton Day Centre				1
Jan-17	Erne, Muckamore 611 Ormeau Road				5
	Rigby Close				0
Feb-17	80 Malone Road Hanna Street Rigby Close Iveagh Centre				2
					4
					1
					0
			LD Supported Housing		8
					0

**Adult & Social Primary Care RQIA Inspections**  
96 inspections (263 recommendations) advised to date as of from 16/06/2017. 2015/2016 – 106 inspections, 263 recommendations.

# ASPC - Governance Dashboard – April 2016 - March 2017 inspections

	Unannounced Care	Announced Care Inspection	Unannounced Medicines Management Inspection	Announced Premises Inspection	Recommendations	Requirements
Apr-16	Unannounced Care				0	0
May-16	Fairholme		Pine Lodge		0	0
Jun-16				Bruce House	2	0
Jul-16	Drcharleville House			Killynure House	4	0
	Bruce House				0	0
Aug-16	Grove Day Centre				3	0
	Chestnut Grove				3	5
	Brae Valley				1	2
Sept-16	Moume Project				0	0
	Knockbracken Day Centre				2	1
	Community Stroke Team			Ballyowen Day Centre	2	0
	Community Rehabilitation Team				0	0
	Killynure House				0	0
	Shankill Day Centre				1	0
					0	0
				Beechall Centre	4	0
				White rock Day Centre	4	0
					6	0
Oct-16	Knockbracken Day Centre				2	6
			Ballyowen House		0	0
	Community Rehabilitation Team				0	0
	Step Up Step Down				0	0
	Intermediate Care Services				0	0
	Enler Day Centre				1	5
				Grove Wellbeing Day Centre	2	0
				Chestnut Grove	2	0
Nov-16	Hemsworth Court				0	0
	Brae Valley				1	0
				Pine Lodge	2	0
				Ballyowen Day Centre	2	0
					2	1
Dec-16	Glencalm Day Centre			Pine Lodge	2	0
Jan-17	Sydenham Court				0	0
	Mullan Mews				0	0
Feb-17	Woodlands				7	1
	City Way Day Centre				5	1
	Bruce House				0	0
	Edgecumbe				0	4
	Glencalm Day Centre				2	1
	Ballyowen House				0	0
	Mount Oriel				8	3
	Carlisle Day Centre				4	0
	Beechall				1	1
					0	0
				Homecare Service - Cregagh	0	0
				Intensive Domiciliary Support Team	3	3
				Homecare Service - Shankill	0	0

Older Peoples Services – RQIA Inspections  
47 advised to date as of from 16/06/2017, 2015/2016 – 53 inspections, 106 recommendations, 53 requirements.

**BELFAST HEALTH AND SOCIAL CARE TRUST**  
**ADULT SOCIAL & PRIMARY CARE DIRECTORATE TEAM MEETING**  
**MODERNISATION BOARD**

**Tuesday 23 April 2013, 9.30 am**  
**Conference Room 1, Fairview 1, Mater Hospital Site**

**Present**

Ms Catherine McNicholl Director, Adult, Social & Primary Care  
 Mr Barney McNeany, Co-Director, Mental Health and CAMHS  
 Mrs Marie Heaney, Co-Director, Older Peoples Services  
 Ms Joan Peden, Co-Director, Human Resources  
 Mr John Veitch Co-Director, Learning and Children's Disability  
 Mr Maurice O'Kane, Planning and Performance Manager  
 Dr Maria O'Kane, Associate Medical Director

**Apologies**

Mairead Mitchell, Senior Manager, Service Improvement and Governance  
 Alma Milligan, Administrative Services Manager  
 Sarah Meekin, Head of Psychology Services  
 Michael Blaney, Service Group Accountant

<b>Item Number</b>	<b>Outcome of Agenda Item Discussed</b>	<b>Action &amp; Lead</b>
1.0	<p><b>Welcome</b></p> <p>Ms McNicholl welcomed everyone to the first meeting of the Modernisation Board. Ms McNicholl asked if everyone was happy with the title of Modernisation. It was agreed to stick with Modernisation Board.</p> <p>Ms McNicholl emphasised that this was not a "doing" Board and its purpose is to oversee the re-design of services, set direction and monitor progress against agreed plans.</p> <p>Ms McNicholl noted that this meeting would alternate with the SMT. This means there will be one "Business" SMT and one Modernisation Board per month.</p>	

<p><b>2.0</b></p>	<p><b>Terms of Reference</b></p> <p>Discussion took place regarding the Terms of Reference for this meeting.</p> <p>It was agreed the key role would be over-sight and to set the direction for Modernising Adult, Social and Primary Care.</p> <p>To achieve this we need to articulate a vision; modern services for Older People, Mental and Learning Disability for the people of Belfast and Castlereagh.</p> <p>Mr McNeany noted that we need to identify the gaps in services and to provide a targeted list of agreed priorities.</p> <p>Mr Maurice O’Kane outlined the need for greater Co-ordination in terms of the modernisation framework, for the Adult Social and Primary Care Directorate. Mr O’Kane stated he would provide a draft frame for the next meeting. It was agreed that there was a need for a Framework for this Board.</p> <p>Ms McNicholl also identified the need to review the plans, achievements and the various products and timescales involved in meeting the modernisation agenda. . Ms McNicholl re-emphasised that this was not a “doing” board.</p> <p>Ms McNicholl said that we should also use the Modernisation Board to consider the changes and re-modelling that we are facing with TYC.</p> <p>Mr John Veitch felt the themes across Learning Disability and Mental Health would be;</p> <ul style="list-style-type: none"> <li>• To review policy and strategic objectives for services.</li> <li>• To identify and implement systems required across services</li> <li>• To ensure appropriate monitoring and evaluation</li> </ul> <p>Mrs Heaney felt that this Board was about providing assurance for Ms McNicholl that the modernisation agenda was being taken forward. .</p> <p>Mr Veitch emphasised that the plan should be focused on</p> <ul style="list-style-type: none"> <li>• People who are in hospital and should not be there</li> <li>• Resettlement and discharge</li> </ul>	<p>Mr Maurice O’Kane</p>
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	<ul style="list-style-type: none"> <li>• Avoiding Admission to hospital</li> </ul> <p>The Team then discussed the Key Service themes and the following were agreed:</p> <ul style="list-style-type: none"> <li>• Adult Social Care Reform</li> <li>• Pro-active management of long term conditions</li> <li>• Integrated Care Pathways and Partnerships</li> <li>• Community Integration</li> <li>• Community Services Improvement</li> <li>• Hospital Modernisation</li> <li>• Workforce</li> <li>• User and Carer Involvement</li> <li>• Reducing Inequality</li> </ul> <p>It was agreed that some of these would be Directorate wide and others service area specific. The Team also noted there is likely to be much integration between Mental Health and Learning Disability, although there is scope for cross-Directorate schemes.</p>	
<p><b>3.0</b></p>	<p><b>Directorate Project Plan</b></p> <ul style="list-style-type: none"> <li>➤ <b>Structure</b></li> </ul> <p>Mr Maurice O’Kane agreed to develop a template for the Project Plan/Sub plans –</p> <ul style="list-style-type: none"> <li>➤ <b>Reporting/Monitoring</b></li> </ul> <p>Discussion took place around how this would be reported at the monthly meeting.</p>	<p>Mr Maurice O’Kane</p>
<p><b>4.0</b></p>	<p><b><u>Any Other Business</u></b></p> <p>The Trust Delivery Plan Statements of Intent – Key Themes</p> <p>It was noted there would be an overlap with Finance and TYC CIPS.</p>	

<b>5.0</b>	<b><u>Date, Time &amp; Venue of Next Meeting</u></b>  The next Modernisation Board Meeting (Adult, Social & Primary Care Directorate) has been arranged for  Tuesday 4 June 2013 9.00 – 10.00 am  Conference Room 1  Fairview	
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**BELFAST HEALTH & SOCIAL CARE TRUST**

**Minutes of the Adult, Social & Primary Care Modernisation Meeting  
held on Tuesday, 22<sup>nd</sup> March 2016 @ 9.30am  
Seminar Room 6, Elliott Dynes, RVH**

**MODERISATION BOARD**

Present: Ms Catherine McNicholl, Director, Adult, Social & Primary Care  
Mr John Veitch, Co Director, Learning Disability  
Mrs Marie Heaney, Co Director, Older People Services  
Mr Barney McNeany, Co-Director Mental Health  
Mr Maurice O’Kane, Planning and Performance  
Mr Michael Blaney, Finance Department  
Mr Damien Maguire NIPSA  
Mr David McKerr, RCN  
Mrs Joan Peden, Co Director, Human Resources  
Ms Julie Allen, Trust Implementation Officer SDS

Apologies: Dr Maria O’Kane, Associate Medical Director  
Mrs Sarah Meekin, Head of Psychology Services  
Ms Kathleen McDonnell, Business/Service Planning  
Mrs Mairead Mitchell, Senior Manager Service Improvement & Governance  
Mr Joe Lynch, UNISON  
Ms Roberta Magee, UNISON

Minute Taker: Heather Jameson

Item Number	Outcome of Agenda Item discussed	Action & Lead
1.0	<p><b><u>Apologies</u></b></p> <p>Noted above.</p>	
2.0	<p><b><u>Minutes of the Previous Meeting</u></b></p> <p>Agreed.</p>	
3.0	<p><b><u>Matters Arising</u></b></p> <p><b>Grovetree</b> Maire Heaney noted that the Grovetree business case has been fully approved through a joint commissioning group including Belfast City Council and their Planning Department. Timescale for</p>	

	<p>development- demolition of existing site April 2016 and a building programme lasting for approx. 18 months. Maire Heaney noted voids had been resolved.</p> <p><b>Bespoke Recruitment</b></p> <p>Adult Social and Primary Care have currently a large number of nursing and social work vacant posts which will require proactive and targeted recruitment. The Directorate engaged with appropriate key services several months ago and will have a specialised recruitment drive within the next few weeks.</p> <p>Directorate Associate Directors of Nursing to inform Ms Creaney of the advanced stages of our plans.</p> <p>Catherine McNicholl requested Co-Directors forward a list of vacant posts to HR.</p> <p><b>Workforce Plan</b> – formally issued 22<sup>nd</sup> March 16. Small group to implement key actions.</p>	<p><b>Action :</b> <b>Co Directors</b></p>
<p>4.0</p>	<p><b><u>Key Directorate Objectives 2016/2017 – SDS Self Directed Support</u></b></p> <p>Catherine McNicholl welcomed Ms Julie Allen to the meeting.</p> <p>Julie Allen discussed the Self Directed Support which has a 3 year implementation plan. It is a significant change to the way we work. SDS is a new way of providing social care support that empowers individuals to have informed choice about how support is provided to them with a focus on working together to achieve individual outcomes.</p> <p>There are 4 options under SDS</p> <ol style="list-style-type: none"> <li>1. Direct payment</li> <li>2. Managed Budget</li> <li>3. Trust Choose for You</li> <li>4. Mix of two or more of Options 1-3</li> </ol> <p>Noted Option 2 managed budget is new.</p> <p>Following Julie’s presentation discussion ensued. Julie noted that a current UK survey recorded a positive impact of SDS and noted service users felt a</p>	

	<p>sense of control.</p> <p>The Department has indicated that by March 2017 all Service Users should be reassessed and offered SDS. The Trust has implemented a Project Board, Project Team and is part of SDS Regional Group. Staff training is progressing on 3 levels – awareness, process and support planning. It is hoped future SDS will be linked to Paris.</p>	
<p>5.0</p>	<p><b><u>Update against Project Plan 2015/2016 Exception reporting only</u></b></p> <p><b><u>Older People Services</u></b></p> <p><b>Acute Care</b>          Marie Heaney noted that there will be a full time Consultant within community from mid April to try and accelerate referrals.</p> <p><b><u>Learning Disability</u></b>          John Veitch noted that Homecare Support Workers have been issued with an extension of 1 year to employment contracts.</p> <p>Day Opportunities Consultation          All Service Users have received correspondence regarding current position. Unions have also been updated.</p> <p>Catherine McNicholl noted requested from Mr J McCusker, UNISON for a meeting with LD and MH Co-Directors. Date had been confirmed and then cancelled by Mr McCusker and we are awaiting his confirmation of a further date offered.</p> <p><b><u>Mental Health</u></b></p> <p>Day Opportunities Consultation noted as above.          Mr Peter Bohill, Senior Manager Partnership and Community will meet with Service Users at Everton Complex to update them on current position.          Noted Pat Lawlor, NIPSA submitted another petition.</p> <p>Purdah commenced from this week.</p> <p>Mental Health Acute Hospital          Barney McNeany noted a delay with new unit, on-going negotiations with contractor.</p>	

	<p><b><u>Project Plans 2016/2017</u></b> Catherine McNicholl noted Co-Directors should update Project Plans for Modernisation Board meeting on 17<sup>th</sup> May 2016.</p>	<p><b>Action:</b> <b>Catherine McNicholl and Co-Directors.</b></p>
6.0	<p><b><u>CIS Paris Implementation</u></b></p> <p>Benefit Realisation Project Team has been set up. Shane Devlin and Andrew Palmer currently drafting Terms of Reference. Document will be sent to key staff for comment regarding membership, purpose and role.</p> <p>Andrew Palmer confirmed there will be a single sign on system which should be live by mid-April.</p>	
7.0	<p><b><u>Any Other Business</u></b></p> <p>To ensure value and full attendance the frequency of the Modernisation Board Meetings to be reviewed by Catherine McNicholl.</p>	
9.0	<p><b><u>Date, Time &amp; Venue of Next Meeting</u></b></p> <p>The next Adult, Social and Primary Care Directorate Modernisation Board meeting will take place at <b>10.30am on 17<sup>th</sup> May 2016 in Seminar Room 6, Elliott Dynes, RVH.</b></p>	



Consultation with John Veitch  
3 January 2013 at 12.00noon  
in Catherine McNicholl's Office, BCH

## AGENDA

~~1.~~ Resettlement

~~2.~~ Patient Request to Leave MAH

~~3.~~ Disability Meeting

~~4.~~ Muckamore Hospital Discharges

~~5.~~ Staffing in Muckamore Abbey Hospital

~~6.~~ Pre Action Protocol Letter re Resident in MAH

~~7.~~ Team Development Day

~~8.~~ Cover for Catherine's leave

~~9.~~ 3-Year Strategic Plan for Learning Disability

~~10.~~ MAH Investigation

~~11.~~ Any other business

9.001

Bif 1:1 John V.

**Personal Contribution Plan (Page 1)**

Name: John Veitch Service Group: Adult Social & Primary Care

Reporting Year: 2014 / 15 Band: 8

**SUMMARY SHEET**

<b>UPDATE 2014</b>	
<b>SAFETY &amp; EXCELLENCE</b>	
We will ensure the safety of everyone who comes in contact with our Health and Social Care Services by ensuring safer, better quality services for all	
<ul style="list-style-type: none"> <li>Enhance Service and Quality Improvement initiatives within Muckamore Abbey Hospital by implementing peer reviews through the Quality Network for Learning Disability and use of Productive Ward Models.</li> </ul>	<ul style="list-style-type: none"> <li>Productive Ward programme introduced to Muckamore initially through Greenan Ward. Discussion and application to QNIC initially relating to Forensic Services at Sixmile – being actively followed up with QNIC.</li> </ul>
<ul style="list-style-type: none"> <li>Fully implement recommendations from recent Independent and QNIC Reviews and RQIA Inspections in relation to the Children's Learning Disability Inpatient Service at Iveagh including those pertaining to skill mix and management arrangements.</li> </ul>	<ul style="list-style-type: none"> <li>Skill mix significantly enhanced at Iveagh through appointment of 8A Manager, Occupational Therapist, Consultant Psychologist, Behaviour Nurse Therapist, Autism Support Worker and part time Social Worker.</li> </ul>
<ul style="list-style-type: none"> <li>Establish a Specialist Adult Safeguarding Service within the Learning Disability Programme and undertake a six monthly review of its impact and outcome.</li> </ul>	<ul style="list-style-type: none"> <li>Specific Learning Disability Specialist Safeguarding Service established March 2015 but not fully staffed as yet. Full establishment was delayed through long term sickness of new staff member following surgery.</li> </ul>
<ul style="list-style-type: none"> <li>Demonstrate that arrangements are in place for all services to evidence service user and carer participation in evaluation of quality.</li> </ul>	<ul style="list-style-type: none"> <li>Service User and Carer participation now evidenced across services. Other initiatives included a Social Work Forum jointly run by staff and carers on working collaboratively, Carers Database being compiled.</li> </ul>



<b>CONTINUOUS IMPROVEMENT</b>	
<p>We will reorganise and modernise both the delivery of high quality Health and Social Care and the equipment and buildings we use</p>	<p>• Produce a formal plan for Hospital Modernisation benchmarked against best practice and taking full account of the views of key stakeholders most notably users and carers.</p> <p>• Fully implement the Community Intensive Support and Psychological Therapy services and agree six monthly review arrangements.</p> <p>• Undertake a scoping exercise in relation to the shift to Self Directed Support and develop a comprehensive action plan reflecting best practice and user and carer views.</p> <p>• Reduce the incidence of delayed discharges and unplanned admissions to Children's Learning Disability Inpatient services.</p> <p>• Achieve Ministerial and Commissioning targets including those pertaining to the PTL and delayed discharge populations at Muckamore Abbey Hospital.</p>
<p>• Hospital Modernisation Planning Group well established and membership extended to key stakeholders. Major scoping and analysis work completed regarding admissions and discharges and significant issues re hospital skill mix deficiencies identified</p> <p>• Structures, process and procedures all finalised for Intensive Support and Psychological Therapy Services and staff have commenced transition process to new services to be completed by June 2015. Delays encountered in filling key staffing vacancies but Extended Hours Service will be facilitated by current recruitment processes and in place 2015/16.</p> <p>• Self Directed Support implementation awaiting final confirmation but preparation in place within services. Challenging agenda with no additional resource and public expectation</p> <p>• Two further wards closed at Muckamore 2014/15. Plans for Community Integration of all remaining PTL patients in place by Autumn 2014 but discharge delayed while awaiting specific Nursing Home provision and completion of Dymrna in West Belfast. Delayed discharge target met.</p> <p>• Very significant reduction in delayed discharges and unplanned admissions to Iveagh. Currently no delayed discharges</p>	<p>• Hospital Modernisation Planning Group well established and membership extended to key stakeholders. Major scoping and analysis work completed regarding admissions and discharges and significant issues re hospital skill mix deficiencies identified</p> <p>• Structures, process and procedures all finalised for Intensive Support and Psychological Therapy Services and staff have commenced transition process to new services to be completed by June 2015. Delays encountered in filling key staffing vacancies but Extended Hours Service will be facilitated by current recruitment processes and in place 2015/16.</p> <p>• Self Directed Support implementation awaiting final confirmation but preparation in place within services. Challenging agenda with no additional resource and public expectation</p> <p>• Two further wards closed at Muckamore 2014/15. Plans for Community Integration of all remaining PTL patients in place by Autumn 2014 but discharge delayed while awaiting specific Nursing Home provision and completion of Dymrna in West Belfast. Delayed discharge target met.</p> <p>• Very significant reduction in delayed discharges and unplanned admissions to Iveagh. Currently no delayed discharges</p>

<b>PARTNERSHIPS</b>	
<p>We will work collaboratively with all stake holders and partners to improve health and wellbeing and tackle inequalities and social exclusion</p>	<ul style="list-style-type: none"> <li>• Day Opportunities Interagency Working Group established and progressing well. Full analysis of Day Care population completed and person centred individual assessments of all users commenced. Analysis of future requirement for Residential and Supported Living provision completed and transfer of Mertoun Park residents to a Supported Living provision scheduled for and completed during May 2015.</li> <li>• Through Interagency Group planning commenced to increase Day Opportunity provision initially through partnerships with local community providers Orchardville and NOW.</li> <li>• Plans in place for additional Nursing Home and Supported Living provision to be developed. Significant increase achieved 2014/15 through completion of Peter's Hill and Annadale initiatives</li> </ul>
<ul style="list-style-type: none"> <li>• In partnership with service users, carers and other stakeholders including Staff Side undertake formal consultations in relation to the future provision of Day Opportunities and the Trust's planned Review of its Residential and Supported Living provision</li> <li>• In partnership with the voluntary, community and statutory sectors increase the provision of community based Day Opportunities as an alternative to traditional Day Care.</li> <li>• In partnership with the voluntary and private sector, NIHE and Housing Associations increase the provision of Specialist Nursing Home and Supported Living provision to meet both current and future assessed need.</li> </ul>	<ul style="list-style-type: none"> <li>• Through Interagency Group planning commenced to increase Day Opportunity provision initially through partnerships with local community providers Orchardville and NOW.</li> <li>• Plans in place for additional Nursing Home and Supported Living provision to be developed. Significant increase achieved 2014/15 through completion of Peter's Hill and Annadale initiatives</li> </ul>
<b>PEOPLE</b>	
<p>We will unite the efforts of a committed and skilled workforce to secure excellence in the services we deliver into the future</p>	<ul style="list-style-type: none"> <li>• Not met. Absenteeism remains challenging but culture change evident through increased numbers of staff terminations and audit outcomes. Working proactively with Human Resources to produce reliable information to Managers to assist with further progress.</li> <li>• Redeployment of hospital staff progressed well and on target – is a continuing process.</li> </ul>
<ul style="list-style-type: none"> <li>• Achieve the target for reduction in absenteeism.</li> <li>• Implement plans for the redeployment of staff as a consequence of the continued retraction of Muckamore Abbey Hospital and, in partnership with Staff Side and other key stakeholders, agree and implement strategies</li> </ul>	<ul style="list-style-type: none"> <li>• Not met. Absenteeism remains challenging but culture change evident through increased numbers of staff terminations and audit outcomes. Working proactively with Human Resources to produce reliable information to Managers to assist with further progress.</li> <li>• Redeployment of hospital staff progressed well and on target – is a continuing process.</li> </ul>

<p>for the redeployment / relocation of staff arising from the Reviews of Day Opportunities, Supported Living and Residential services</p> <ul style="list-style-type: none"> <li>Review training needs and skill mix across all services in light of changing service needs and plan and implement training programme to address any identified deficits</li> </ul>	<ul style="list-style-type: none"> <li>Review of training needs and skill mix undertaken within Residential, Day Opportunities and Community Care which has informed development of Intensive Support Service and Psychological Therapies. Also a key component of ongoing Hospital Modernisation planning process</li> </ul>
<p style="text-align: center;"><b>RESOURCES</b></p> <p>We will work to optimise the resources at our disposal to achieve shared goals</p>	
<ul style="list-style-type: none"> <li>In partnership with HSCB and other Trusts develop more cost effective commissioning arrangements for community placements and care packages.</li> </ul>	<ul style="list-style-type: none"> <li>Led discussions to establish collaborative arrangements with other Trusts to broaden market of potential providers and more robust approach taken. Efforts to activate the Board remain in progress.</li> </ul>
<ul style="list-style-type: none"> <li>Achieve financial and budgetary targets across Learning Disability services including QICR requirements.</li> </ul>	<ul style="list-style-type: none"> <li>QICR savings substantially achieved and service managed within budget.</li> </ul>
<ul style="list-style-type: none"> <li>Review arrangements and progress in relation to PCIS implementation across services and achieve full implementation.</li> </ul>	<ul style="list-style-type: none"> <li>Muckamore Abbey Hospital now fully implemented and timetable in place for Community in accordance with Trust wide plan.</li> </ul>
<ul style="list-style-type: none"> <li>Reduce backfill (and associated costs) within Day and Residential / Hospital services and ensure unavoidable cost pressures due to "specialising" are addressed in partnership / consultation with HSCB.</li> </ul>	<ul style="list-style-type: none"> <li>Reduction in Community backfill achieved through recruitment and redeployment. Hospital specialising cost pressures highlighted effectively and met in partnership / consultation with HSCB.</li> </ul>
<ul style="list-style-type: none"> <li>Review all contracts / SLAs to ensure they full reflect performance requirements and changing needs and priorities.</li> </ul>	<ul style="list-style-type: none"> <li>All contracts/SLAs reviewed through established contracting processes to reflect performance and TYC requirements. Ongoing process.</li> </ul>

Name of individual: John Veitch

Signature of individual: \_\_\_\_\_

Date: \_\_\_\_\_

Name of reviewer: \_\_\_\_\_

Signature of reviewer: \_\_\_\_\_

Date: \_\_\_\_\_

# Belfast Health & Social Care Trust

## Investors in People Assessment Focus Report

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# Adult and Primary Social Care Directorate

**Undertaken by:** Anne Clarke

**On behalf of:** Investors in People

**Date:** 14 April 2016

**Commercial in Confidence**

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## 1. Executive Summary

I should like to begin by acknowledging everyone who participated in the assessment process and made it such an enjoyable, enlightening and thought-provoking experience for me. Particular mention must be noted of the efforts that Lorna McGrath and Laura Dickson made to ensure the interview schedules were well structured and operated smoothly each day that I was on site. Their hospitality was also much appreciated.

I visited four main locations over a nine-day period; Muckamore, Beechcroft, Shankill Resource Centre and Old See House, and interviewed approximately 120 people, as individuals, in pairs and small groups. I also enjoyed a visit to Hemsworth Court to see Supported Living at first hand.

The following summary reflects the five themes in the main body of the report. The content of this focus report was used to inform the overarching Assessment Report which was submitted to Investors in People to help facilitate the quality assurance and accreditation approval processes.

The Directorate Management Plan describes in detail the complexity and range of services provided to service users across 50 locations in the Trust. The plan also makes a clear statement about the key values and principles '*at the core of everything that we do to support and assist our service users.*' Plans for the future and the impact of Transforming Your Care have created the need for change and modernisation of services. The proposed changes and modernisation programmes have created challenges for everyone in the Directorate, who remain firmly committed to providing '*person-centred services.*'

### Effective strategic, business and contribution planning

There is no doubt that everyone interviewed is committed to providing person-centred care to patients, service users and clients. People are passionate about what they do and driven by the desire not just to meet the immediate needs of service users, but also to encourage independence and improve the quality of their lives. Without exception, and although not everyone could recite the values, they could relate them to their day to day activities. A few claimed to be unaware of the Trust's 5 values, despite the banners and information that had been circulated.

There has been a concerted effort made, at a number of levels across the Directorate, to communicate the vision for the future and to involve people in planning for change and improvement. The majority of those interviewed felt that planning processes are much more effective and more inclusive. More people have a greater understanding of the link between their contribution and service improvement. Some also felt that there is still some work to be done to ensure that they are able to get involved. The greatest level of understanding exists where leaders/managers use the various plans as part of the day-to-day operation of their service area or team and actively seek to involve people in the process.

Similarly, where line managers ensure that the appraisal process is a meaningful experience, people really do understand the connection between what is in their PCP and higher level goals and targets. A very small number had not completed a PCP.

## Developing people

Strategies for developing people reflect the complexity and range of services within the Directorate. Whilst there are certain 'core' development needs that are common to all parts of the Directorate, such as mandatory training and leadership and management development, each service has also discrete development needs. There is a clear connection between learning and development and building capability.

The majority of people interviewed had had the opportunity to discuss their individual learning and development needs. Most people believe that they have a greater sense of ownership and responsibility for their own development and team performance. Managers, at all levels, have a very important part to play in creating a culture which encourages and enables ownership. Some are more effective than others in this regard.

Numerous examples were provided of how development needs had been met and had helped to improve performance. Most people were very positive about their experience and felt that most delivery methods were a 'good fit' with their learning styles and working patterns. Access to on-line learning, particularly for elements of mandatory training, has proven very popular, although some people would like more flexibility and be able to access it from home. Some managers have adopted a systematic approach to measuring the impact of development at individual, team and Service levels. They understand the return on investment.

## Engaging, involving and empowering employees

Engaging, involving and empowering employees is a challenge for most organisations, but is particularly challenging in the context of change. Since the last review, there has been considerable progress in this area. The members of the SLT act as role models for collaborative working. The arrangements in place for engaging and involving staff are much more consistently, but not universally, applied.

Most people believe that they are well informed about what is happening in the Directorate. However, might be helpful, given the complex nature of the Directorate, to help everyone to understand how the various services relate to each other and in some cases interact. People could benefit from seeing beyond the boundaries of their own team/service.

More decisions are made at service and team levels and people are learning to trust themselves and their team to make appropriate decisions. Not everyone is comfortable with this level of autonomy and there is certainly a need to support people as the processes embed. With regard to work life balance, most people are very positive about their experiences and of the opinion that most work life balance needs would be accommodated. They are less aware of the wider health and wellbeing agenda and how it might impact on work-related stress.



## Leading and Managing People Effectively

Most people in the Directorate, including those in a management role, have strong views about what an effective manager should be doing to lead and support people. They believe that managers, particularly in the context of change, should show strong leadership and have the courage to challenge. With regard to behaviours, they believe that effective managers should also be trustworthy and trusting; understand them as people; be supportive and approachable and make people feel valued.

The majority of comments about managers were positive, particularly the capabilities and behaviours of direct line managers, the people with whom they have most contact.

There is evidence of inconsistency in the application of leadership skills and behaviours across the wider management team. There is general acknowledgment that effective leaders and managers are the key to the successful delivery of services across the Directorate. Managers who have participated in leadership training have benefitted from the experience and they gave examples of changes they have made to their practice as a result. Those who have undertaken coaching training have found the experience particularly useful.

## Recognising, Valuing and Continuously Improving Performance

There is a strong commitment to continuous improvement within the Directorate. Strategies and actions are regularly reviewed. Information from internal and external sources is used to plan for improvement. Examples of improvements include:

- Planning is much more structured and systematic; more people are involved in the process; targets and measures are more widely understood and accepted
- Learning and development to build capability is a strategic issue within the Directorate. It is also approached in a more systematic way
- With regard to leading and managing effectively, the main areas of change and improvement have been the creation of a stable Directorate senior management team; the team demonstrates a strong collaborative leadership style; there is more devolved responsibility for decision-making, autonomy and accountability. More managers accepting ownership of their role in leading teams through change.

There are greater levels of engagement throughout the Directorate; more managers are genuinely empowering and enabling staff to effect improvements to service provision;

Conversations with people at all levels in the Directorate confirmed that there have been changes and improvements across the themes that are the focus for this assessment. There is an acknowledgment that some of the improvements are better embedded than others and some remain a 'work in progress'. Their continued commitment to improvement will ensure that processes and strategies will continue to develop and mature.

## 2. Areas of Strength

The following strengths are demonstrated throughout the Directorate:

- A strong commitment to providing person-centred care to patients, service users and clients.
- 
- People are passionate about what they do and driven by the desire not just to meet the immediate needs of service users, but also to encourage independence and improve the quality of their lives.
- A cohesive senior management team who demonstrate a collaborative approach to team working.
- A structured approach to planning for improvement. The use of the Balanced Scorecard has provided a more systematic approach to planning.
- Most people now understand the connection, and sometimes tension, between 'front line' delivery and strategies for improvement.
- More people are genuinely engaged in decision-making about service delivery. There is evidence of a more inclusive approach that encourages ownership and accountability.
- Learning and development is well resourced. There has been an increase in the amount spent per head on development since the last review.
- There is a focus on building capability within the Service areas to meet future demands and the demands of changed and changing delivery models.
- There is a recognition of the need to build leadership capability in the Directorate and action has been taken to encourage staff to participate in leadership development programmes. There is a greater awareness of the pivotal role that managers at all levels play in leading and managing in the context of change.
- Ongoing commitment to continuous improvement not only of services but also to strategies for leading, managing and developing people.

### 3.Areas for Development

When reflecting on the feedback from interviews, it became obvious that both senior managers and staff recognise that, in the context of change, managers at all levels, play a pivotal role in the implementation of strategies and plans.

I would suggest that developing effective leaders and managers and building leadership capability is the one key area of development that emerges most strongly from the evidence and feedback presented.

Although it may seem a simplistic approach, I would suggest, that if the leadership and management issue is addressed, other issues will be positively impacted.

The evidence presented in this report suggest that there is a considerable degree of inconsistency in the application of agreed strategies and processes for leading, managing and developing people. There is no doubt that the processes and strategies are in place however, levels of ownership and accountability for their implementation vary across the management team and within service areas.

That is not to say that managers are not doing their jobs; people are very committed to the work they do and their teams. There are many examples of excellent practice, but I believe that everyone in a leadership/management role could benefit from exploring the role to gain an understanding about the capabilities and behaviours that are needed to be effective in the role.

Once identified, the capabilities might be used to agree individual development needs and the most appropriate activities to meet them. People may need a combination of activities, including coaching and mentoring. The aim is to enable managers to be confident in their role and be able to fully implement the key strategies and processes for leading, managing and developing people.

The capabilities might also be used to measure the effectiveness of managers, perhaps through feedback mechanisms such as 360 feedback and staff satisfaction surveys that seek responses to *"how am I doing as your manager in terms of ...?"*

These issues can be further explored and discussed at the improvement planning meeting.

## Signposting and sources of information

1. [www.investorsinpeople.com](http://www.investorsinpeople.com)

The following extract is taken from the Investors in People website on which there is a wide range of resources available.

*An effective manager is essentially doing two things: creating the conditions for their team's success, and leading and supporting their people so they can achieve that. The good news is that there are some simple, logical steps to take to help those managers become more effective. Much of this hinges first on clarifying expectations. First up, you need to set the objectives for every level – from the organisation as a whole, down to the individual. Once that's done, it's a matter of identifying the skills, knowledge and behaviours that a manager will need in order to help meet those objectives.*

*By defining their role in this way, it quickly becomes easier to tell where a manager needs development – it's just a matter of plotting what's actually happening against what should be.*

*Make things clear. Competency Statements can help make these expectations clearer, while a development plan may be the perfect way to chart progress, and match managers up with the resources to help them.*

*By clearly establishing and communicating managers' roles and expectations, you're helping to ensure the organisation is fostering a more consistent management model. And once managers are displaying the desired knowledge and behaviour, that will very quickly spread to their respective teams*

2. [www.leadershipacademy.nhs.uk](http://www.leadershipacademy.nhs.uk)

### Healthcare Leadership Model

I was made aware of this particular model during the assessment and feel that it would make a good starting point for exploring leadership capabilities.

## 4. Findings

This section provides a summary of the findings against the people priorities identified during the assessment planning process. Wherever possible, non-attributable quotes have been included to illustrate both the evidence found and the perceptions of staff about working in the Directorate.

### Effective strategic, business and contribution planning

- The organisation has a vision / purpose, strategy and business plan ER's 1.1, 1.2
- People are involved in planning ER's 1.4, 1.6
- Representative groups are consulted when developing the plans ER's 1.3, 1.5
- The organisation has clear core values which relate to its vision and strategy ER's 1.7, 1.11, 1.13, 1.17, 1.19, 1.23, 1.24
- Key Performance Indicators are used to define, enable and improve the organisation's performance ER's 1.9, 1.15, 1.21

The Directorate Management Plan describes in detail the complexity and range of services provided to service users across 50 locations in the Trust. The plan also makes a clear statement about the key values and principles *'at the core of everything that we do to support and assist our service users.'* Plans for the future and the impact of Transforming Your Care have created the need for change and modernisation of services. The proposed changes and modernisation programmes have created challenges for everyone in the Directorate, who remain firmly committed to providing *'person-centred services.'*



*"it's really important to work with staff in the face of modernisation...some change came out of Bamford, more about transition to independence now...modernisation agenda  
"the change wasn't communicated well to us...just told by manager...we need to understand the reason for change...I suppose it's about getting a much slicker service across the Trust...  
"recovery in the community...recovery ethos...individual person centred approach...providing a good standard of care; dignity; client safety and personal safety"*

There is no doubt that everyone interviewed is committed to providing person-centred care to patients, service users and clients. People are passionate about what they do and driven by the desire not just to meet the immediate needs of service users, but also to encourage independence and improve the quality of their lives. Without exception, and although not everyone could recite the values verbatim, they could relate the values of the Directorate and the 5 Trust values to their day to day activities. A few claimed to be unaware of the Trust's 5 values, despite the banners and information that had been circulated. It seems that this is less to do with poor communication and more to do with their perception that management (both Directorate and Trust) is more concerned about higher level issues than those experienced at the 'coal face'. There was very positive feedback from those who had attended Values Workshops.



*"accountability now throughout the Directorate ...don't look at them all the time, they are part of what we do every day...can 'fess up...accountability can be challenging...supported by managers who believe in the values, great openness and trust....."  
"workshops very positive experience...the values are what we see as being important to us in our day to day work...at the heart of what we do...reflected in standards of care...  
"not sure that the values are applied to staff...to patients definitely...I have no idea where I would see them...the hands, looks like a notice about hand washing!  
"don't have time to look at stuff...too involved in my day to day work...still think there is a need to know basis...bit of secrecy...sometimes services are left to cope without knowledge about what other services are available.."  
"values are driving change...at the heart of what we do in this Directorate..."*

There has been a concerted effort made, at a number of levels across the Directorate, not only to communicate the vision for the future, but also to involve people in planning for change and improvement. The majority of those interviewed were of the view that the processes for engaging people are much more effective and more inclusive. Some also felt that there is still some work to be done to ensure that they are able to get involved. They cited examples of barriers to engagement such as the attitudes and action of managers; decision-making processes and the demands on their time to ensure service delivery.

The introduction of a more systematic and consistent approach to planning within service areas and teams has ensured that more people have a greater understanding of the link between their contribution and service improvement. Most people could give examples of the KPIs used by both the Directorate and the Trust and a number, mostly managers and some band 5-6 staff, made reference to specific measures in their Balanced Scorecard and Service Improvement Plans.

The greatest level of understanding exists where leaders/managers use the various plans as part of the day-to-day operation of their service area or team and actively seek to involve people in the process. People in these teams have ownership of the plans, and use them to monitor and review performance on an ongoing basis at team meetings and service review meetings. However, during the interview process, it became apparent that there is a degree of inconsistency in practice across the Directorate. In some areas, Balanced Scorecards and plans are displayed and are 'live' documents; in others they are displayed but not regarded by staff as significant to the effective delivery of services.



*"starting to get down now to the teams.... there are some BSC at team levels...performance is on the agenda right down through the various levels...it is a scorecard, not a management plan...  
"meet with the Service Team and use the BSC to agree objectives with staff...team meetings monthly...open culture...looking at targets ...created second meeting to look at service improvement, it's important to make time...  
"don't have a plan as such...we need to arrange an Away Day to refocus on what we do well...BSC not pushed down to this level yet...  
"we like that we can see everything on the BSC...it's good that it's in your face...noticeboards, monthly staff meetings...manager makes sure that everyone knows what's happening...BSC makes it more real"  
"would have BSC at service manager level but not at team yet...would be important to make sure we know the link to service objectives...haven't been told performance indicators...no discussion about performance at team meetings...don't need scorecard...just an exercise...doesn't relate to my work...  
"all info is displayed in the office or on the ward...manager gives clear info and we know how we all impact on care..."*

Similarly, where line managers ensure that the appraisal process is a meaningful experience and timed to coincide with team and service planning processes, people really do understand the connection between what is in their PCP and higher level goals and targets. Almost everyone interviewed had completed a PCP, but some found the process more useful than others. Most had genuinely engaged with the process and had agreed specific goals with their line manager, whilst others had gone through the process only recently and were undecided, at this point, about the value or significance of the exercise. A very small number had not completed a PCP.



*"review...agree targets...good process for getting you involved...one to one basis...can discuss openly and things are written down...  
"feel it's a paper exercise...we all go the extra mile for the service user...this is an irrelevance."*



I am pleased to say that most of the feedback on the theme of *Effective strategic, business and contribution planning* is very positive. Processes should continue to become further embedded as managers at all levels, and teams, take action to enable everyone to become actively engaged with planning for improvement. It is important that everyone understands that they, as individuals, have a degree of accountability and responsibility for the delivery of client-centred services.

Most people feel that they do make a positive contribution to the work of the team, the service and ultimately the Trust. Some of those interviewed had received awards and recognition at team, Directorate or Trust levels. They also feel valued when their talents are recognized and they are offered opportunities for learning and development, to lead projects and join consultative groups.

However, in terms of recognition of their efforts, they place more value on the positive and constructive feedback that they get from managers, colleagues, service users and families. The behaviour of managers at all levels is extremely important in this regard.

## Developing People

- Learning priorities are clear and linked to the business plan **ER's 2.1, 2.2, 2.3, 2.4**
- There is equality of opportunity for development and support **ER's 3.2, 3.3, 3.4**
- Aligned and agreed learning priorities needs are effectively met **ER's 8.1, 8.2, 8.3**
- Investment in learning can be quantified **ER 9.1**
- The impact of learning and development is evaluated and the impact can be demonstrated **ER's 9.2, 9.3, 9.4, 9.5**
- The learning and development strategy builds capability **ER's 2.5, 2.8, 2.12, 2.13, 2.14, 2.16**

Strategies for developing people reflect the complexity and range of services within the Directorate. Whilst there are certain 'core' development needs that are common to all parts of the Directorate, such as mandatory training and leadership and management development, each service has also discrete development needs. At all levels in the Directorate, there is a clear connection between learning and development and building capability to deliver not only the broader vision for the future, but also to continue to deliver person-centred services in each service area. Priorities for learning and development are identified in the *People and Resources* perspective on Balanced Scorecards and there is further detail in the Learning and Development Plan for the Directorate.



*"build specialist capability for various skills such as CBT...need forward thinking people with good networking skills...need to be aware that service users are coming through with complex needs..."*

*"need to address current and future services and also needs of individual service users...have to be able to think differently...no training programme ..."*

*"need people who can be reflective practitioners...supervision and supervision training for line managers is essential..."*

*"BSC...improving access to therapies...how best to deliver...how to train staff to train other staff members...personal accountability...pushing it down through the layers..."*

The majority of people interviewed had had the opportunity to discuss their individual learning and development needs formally through supervision and the PCP process and equally importantly to them, informally with line managers and team leaders in the course of their normal working day. Most people believe that they have a responsibility to speak up when they feel they need support or training. They have a greater sense of ownership and responsibility for their own development and team performance. Managers, at all levels, have a very important part to play in creating a culture which encourages and enables ownership. Some are more effective than others in this regard.



*"PCP more about you...developing personally and professionally...mandatory training only one aspect...it's about what I need to do to do my job well."*

*"monthly supervision...on-job...learning what I need as I go along...sharing information...good role model...supervision, good practice...career development, keep you on top of your game."*

*"all job opportunities and training are on the internet ...everything advertised...time is made for PCP to happen."*

*"e-learning now means that more people have access to training...would be good to be able to access from home...hard to get time during the day..."*

*"I'm not sure what training I can do...have been qualified for a long time...no outside training to suit me...haven't really had that conversation."*

*"manager says that have to do training ...don't really talk about it like that...hard to get organised sometimes"*



From conversations about how team learning needs are identified, there appears to be some inconsistency in the approach taken by line managers and team leaders. Some proactively discuss team learning needs at team meetings, staff meetings, MDT clinical meetings and group supervision meetings, others are more reactive in their approach.



*"L&D group set up for the Workforce Review...all grades represented...pathway for each person...want to grow a network of leaders...need to get consensus... Task and Finish group  
"at team meeting...talk to seniors...depends on needs of residents...had to address new rotas and schedules...planned how we would do it...meet once a week and training can come up at that"  
"Meet with other co-ordinators to make sure we meet the needs of our teams...got all managers together along with medical staff...looked at what we needed to know to improve the service...  
"Does come up at team meetings but we don't actually discuss our needs as a team regularly...too busy getting our work done...can happen at team meetings, but don't know what action has been taken on back of discussion...manager just seems under pressure"  
"had the opportunity to sit as a team and discuss...team building, core planning...have formalised team building days"*

During interviews, people provided numerous examples of how their development needs had been met and had helped to improve performance. Examples included external training courses; opportunities to lead projects; on-line learning; shadowing and mentoring; induction; coaching; secondments and shared learning. Most people were very positive about their experience and felt that most delivery methods were a 'good fit' with their learning styles and working patterns. Access to on-line learning, particularly for elements of mandatory training, has proven very popular, although some people would like more flexibility and be able to access it from home. Some managers are more aware than others about the actual return on investment. It is most obvious where managers had adopted a systematic approach to measuring the impact of development at individual, team and Service levels. These are most likely the same managers noted in Section 1 of this report.



*"we feel that we have more motivated workforce now...we have increased the spend per head ...absenteeism has reduced, more are taking up development opportunities, more learning is being shared..."  
"seeing a return on investment in levels of service improvement...service re-design...evidence in accountability review..."  
"Planning processes have really improved because of the work done on BSC...greater understanding of the need for planning across the Directorate...getting there at team levels now, still some work to do"  
"Scoping exercise...needs of service users...work to be done around mind-set and behaviours...trying to get people moved away from simply training model of learning..."  
"Evaluated every 6 months at Service manager level...were able to get funding and have increased the number of people able to access services."  
"induction was very structured ...gave feedback and it was used to develop induction for new entrants..."  
"I can't use the on-line learning...can't use the computer...too old...don't know how to!  
"impact greatest on practice and quality...successful RQIA inspection and good feedback..."  
"Group collaboration approach...got money to support our application for improved services...great feedback from patients and families...still embedding the process..."  
"modernisation...staff defensive at first...had a lot of people who didn't cope well...had team building days for MDT with a facilitator...staff felt valued ...changes went through...good feedback from service users."  
"seen as a high performing Directorate RQIA; and QIP reports... Accountability Review always goes well..."*



## Engaging, involving and empowering employees

- People are encouraged to contribute ideas to improve performance **ER's 3.1, 3.5**
- Ownership and responsibility are encouraged **ER's 7.1, 7.3**
- People are involved in decision making **ER 7.2**
- The recruitment process is fair, efficient and effective **ER's 3.6, 3.11, 3.14, 3.19, 3.22**
- A diverse talented workforce is created **ER's 3.7, 3.12, 3.15, 3.20, 3.23, 3.28**
- A worklife balance strategy meets the needs of people **ER's 3.8, 3.13, 3.16, 3.21, 3.24, 3.29**
- Knowledge and information are shared (Effective Internal Communication) **ER's 7.5, 7.10, 7.14**

Engaging, involving and empowering employees is a challenge for most organisations, but is particularly challenging in the context of change. Since the last review, there has been considerable progress in this area. The members of the SLT act as role models for collaborative working. The arrangements in place for engaging and involving staff are much more consistently, but not universally, applied. E.g. more meetings are taking place as scheduled, supervision is in place for more people, PCPs are now completed for the majority of staff, responsibility for decision-making has been further devolved and there are greater levels of accountability and empowerment.



*"we have key processes in the Directorate...must be consistent in our approach across all Service areas...Staff engagement is a complex issue...must be values based...commitments and responsibilities... staff expectations of managers..."*

*"Group supervision...reflective practice sessions for all staff...tends to be within the professional groups...includes Band 3 staff..."*

*"Operational managers have their scorecards...teams have them too...process is about working through issues...developing responsibility and accountability"*

*"Managing change...important that staff feel listened to...working long with Management of Change procedure."*

*"team meetings don't seem to happen...change in our service-told...must have been an executive decision...no idea... was never asked"*

Most people believe that they are well informed about what is happening in the Directorate. Some made the point that the information is all there if you want it; *'getting the time to read it is the problem'*. It might be helpful, given the complex nature of the Directorate, to help everyone to understand how the various services relate to each other and in some cases interact. This might help with the perception that some services are better resourced and supported than others. People need to see beyond the boundaries of their own team/service.

More decisions are made at service and team levels and people are learning to trust themselves and their team to make appropriate decisions. Not everyone is comfortable with this level of autonomy and there is certainly a need to support people as the processes embed. The behaviours and skills of managers at all levels will impact on the ability of their teams to become empowered and engaged. There are examples of good and poor practice within Service Areas and at different levels of management.



*"open door policy...encourage people to attend monthly team meetings...governance meetings as well...encourage sharing of ideas and information"*

*"Recognising people who take a back seat...asked senior staff to coach and support them...create the right atmosphere...make sure that people don't feel overwhelmed..."*

*"Manager arranges a planning day annually...5 pillars of Trust and setting goals...always happens...manager good at sharing information...good information...have to work together"*

*"genuine inclusiveness...being involved in service provision...get the feeling that my opinion matters...we have an agenda and we go through it...things happen as a result of the meetings..."*

*"Occasionally have team meetings to look at planning...tend to be reactionary...logistics of making meetings happen...part-time...feel that slipped in at end..."*



*"Would love to be more involved in decision-making...could be more involvement of practitioners Band 5 etc...mostly bands 6&7...that's where decisions are made...decision pathway is not clear ...they make assumptions and don't consult...people try to make change happen...action seems to stop around Band 8"*

*"I don't know what goes on sometimes in other parts of the Directorate and I'm sure that there are people who don't understand what we are facing...would be good to hear how they makes things work"*

With regard to work life balance and health and wellbeing, everyone is aware of the various policies and arrangements available within the Trust, and how to access them. Most people are very positive about their experiences and of the opinion that most work life balance needs would be accommodated. They are less aware of the wider health and wellbeing agenda. Some know about BWell and the various initiatives such as pound for pound challenge, gym membership and classes. People talked about being stressed and overworked, but many did not make a direct connection to the health and wellbeing agenda and its relevance in the case of stress.



*"all WLB needs accommodated...there's also a good variety of things on BWell...all the information is on the Hub...website so much better now about WLB...definitely part of the culture."*

*"Compressed hours...helps travel plans...can get counselling too...sometimes work is traumatic...supervision is great help ..."*

*"Absence well managed...regular contact in supportive way...phased return advised by OH..."*

*"Bwell coming down through emails and Hub etc...all classes free...time for me programme...heard from line manager...lots of things going on around WLB...Mindfulness course and App"*

*"Family friendly as long as it suits the Trust...I wonder is there a clear understanding of the stresses on staff when dealing with challenging behaviours and patients ...can be relentless...need to know what getting into at outset..."*

*"I have been to stress management workshops...Mindfulness...Trust is trying to help look after our health and give something back...out of hour's service... can go home and relax at weekend...takes pressure off..."*

*"WLB? Staff shortages, asked to do more and more...manager seems to be overwhelmed too...higher level managers don't seem to listen...other aspects well accommodated"*



## Leading and Managing People Effectively

- Managers are clear about the capabilities they need to lead, manage and develop people and can describe how they are effective **ER's 4.1, 4.2, 5.1**
- People are clear about what effective managers should be doing and they can describe how their managers are effective **ER's 4.3, 5.3**
- Leadership and management strategy is linked to the business strategy and takes account of external good practice **ER 4.7**
- Managers can describe how they lead, manage and develop people in line with the organisation's values **ER's 5.5, 5.9, 5.16**
- Managers are role models of teamwork, knowledge sharing and inspirational leadership and having an open, honest and trusting management style **ER's 5.6, 5.10, 5.17**
- Coaching is used and is part of the Culture **ER's 5.8, 5.12, 5.19, 5.25**

Most people in the Directorate, including those in a management role, have strong views about what an effective manager should be doing to lead and support people. For example: they believe that line managers should be professionally competent and able to organise work to ensure delivery of services to patients and service users; able to communicate well and involve people in decision-making; ensure that meetings, reviews and PCPs happen as planned; provide information, advice and development opportunities. With regard to behaviours, they believe that effective managers should also be trustworthy and trusting; understand them as people and be aware of WLB needs; be supportive and approachable and make people feel valued. They also believe that managers, particularly in the context of change, should show strong leadership and have the courage to challenge.



*"Have professional knowledge...legislation...understand drivers of change...need to be role model for staff...unite everyone...oversee all the work...make decisions...be proactive...be a listener and empathetic"*

*"We need to be clear about what we expect of managers and communicate that to everyone...conscious of being aware of what impacts on staff...need to be accountable as managers..."*

*"Encourage collaborative working...organise team to encourage people to share experience...empower staff to realise their potential...hold them to account...ensure follow through"*

*"Management behaviours are more important the higher up you get...they need to enable line managers to be leaders ...ensure person-centred approach with staff..."*

*"Manager is a great one for change...maybe not so good at bringing everyone with her ...people need to understand the reasons for decisions...managers don't seem to be able to challenge actions"*

When people were asked how managers currently measure up to the examples given above, the majority of comments were positive, particularly about the capabilities and behaviours of direct line managers, the people with whom they have most contact. There were numerous examples of actions taken by individual managers at all levels that demonstrate excellent practice in all aspects of leadership, however, there were some less positive comments and observations about managers, both direct line and above Band 6.



*"confidentiality...trustworthy...no gossip...honest and straightforward...values us...keeps herself up to date...good role model..."*

*"Band 7 at the centre of the team, not the top...fair and open approach with managers...unites everyone..."*


*"some managers seem to be better at making things happen than others...not sure that I get much support beyond immediate line manager..."*

*"Experience, knowledge of clinical area...professional support and boundaries clear...understands job...supports development...encourages..."*


*"works well as part of our team...on floor a lot...has high standards... will always help...not afraid of her ...respect her..."*

*"don't know what does...doesn't seem to be involved in decision-making, or that's how it seems...any team meetings we have are about operational issues..."*

There is evidence of inconsistency in the application of leadership skills and behaviours across the wider management team. Some of the inconsistencies in practice have already been referred to in previous sections of this report. There is general acknowledgment that effective leaders and managers are the key to the successful delivery of services across the Directorate. Managers who have participated in leadership training have benefitted from the experience and they gave examples of changes they have made to their practice as a result. Those who have undertaken coaching training have found the experience particularly useful. There is quite a lot of informal coaching in the Directorate and people described how helpful they find supervision and reflective session with managers.

 *“core values are the base for behaviours...transparency, humility, honesty, being decisive, distinguish between taking the party line and dealing with issues appropriately.”*  
*“lead by example, need to know when to escalate things...see myself as the ‘glue’, the enabler...people need to be able to ‘get it’...that’s my role...”*  
*“really important to respond to people promptly... all levels of management need to be empowered/enabled...need to be seen to be so by the team”*  
*“have to have real will to make change happen...so much goodwill on the ground to improve services... better to listen, act and follow through”*  
*“we need to clarify the expectations that people have of their managers and measure manager effectiveness at all levels...the immediate challenge is to build management and leadership capability and capacity at every level”*  
*“my line manager uses a coaching approach...encourages me to reflect on my practice...helps me to take responsibility for improving my practice...”*  
*“much more reflective approach...client focused discussions...encourages me to be reflective...wants us to be motivated...gives us authority and autonomy...role model for that”*

On the issue of managers as role models of teamwork and knowledge sharing, again most of the feedback was positive. People are of the view that there is more transparency in the Directorate and more senior managers are engaging with teams and individuals. Most people believe that communication has improved and more managers are proactively engaging with staff, particularly in the context of change. Most people understand the role of the Director and Co-Directors and do not expect to see them on a daily basis, however, when they have visited teams, it has been very well received.

 *“respect and trust in the Directorate now...get all the information I need...mangers give respect to staff...create openness and trust in the ward...good communication –face to face and email...all there...”*  
*“Could be more open and honest...rumour mill still exists...should be able to meet with manager next layer up...would help”*  
*“senior managers there to represent us and our service...get information about changes and developments...”*



## Recognising, Valuing and Continuously Improving Performance

- Constructive feedback is valued and given **ER's 5.2, 5.4**
- People believe they make a difference and that their contribution is valued and recognised **ER's 6.1, 6.2, 6.3**
- Evaluation results in improvements to people strategies and management **ER's 10.1, 10.2, 10.3**
- Self-review techniques and information from external reviews are used to improve people management strategies **ER's 10.4, 10.5**

There is a strong commitment to continuous improvement within the Directorate. Strategies and actions are regularly reviewed. Information from internal and external sources is used to plan for improvement.



*"Following the mock assessment we did a lot of work on a number of the issues...used IIP framework to provide structure and coherence"  
"review process on going now...more honest, more connected across the functions...more interaction...  
"IIP embedded now as a process...doesn't matter about badge...shapes how we think about things"  
"don't know what's better, nothing stands out"*

Planning is much more structured and systematic; more people are involved in the process; targets and measures are more widely understood and accepted; the PCP process is better embedded and implemented across the whole staff group; values are more 'live' and better embedded in normal practice.



*"BSC...planning much better...each service area has BSC...getting down to ward and team levels...not totally there yet"  
"taken broad corporate aims and made them more relevant to band 3 etc...creating a greater level of understanding"  
"Took team away and used the BSC to set team objectives...better understanding of PCP and link to objectives..."  
"values workshops...bands 2, 3, 4, 5 invited to attend...give them more ownership and involvement in making values relevant"  
"BSC is ok...but it is still seen as extra work...getting better at higher levels...people on the ground too busy"*

Learning and development to build capability is a strategic issue within the Directorate. It is also approached in a more systematic way; there is a strategy for building capability in each of the Service areas and the connection to improved performance is more clearly communicated; there has been an increase in the level of resources committed to meeting development needs; more people have ownership and accept responsibility for their development; there is greater awareness of the need to measure the actual impact on performance and return on investment (HRPTS will provide relevant data in 2016).



*"lots more opportunities for Band 3 ...other areas of work and progression...don't have to stay where you are...training designed now to fit with your hours...sits much better..."  
"training more in line with needs of service users...more opportunities to learn new skills...  
"link to L&D and management structure...Living Leadership...not something for the elite...available for everyone...need to build leadership capability, particularly at band 5"  
"each service area has a strategy...need a capable workforce to do the work...should be a plan for each area..."*

With regard to leading and managing effectively, the main areas of change and improvement have been the creation of a stable Directorate senior management team; the team demonstrates a strong collaborative leadership style; there is more devolved responsibility for decision-making; more managers at all levels have participated in leadership development programmes; greater levels of autonomy and accountability; coaching and mentoring used more to support managers at all levels; more managers accepting ownership of their role in leading teams through change.



*"Directors seen more as team... cross-Directorate objectives...involving more people in decision-making..."*  
*"new manager much more encouraging...more 121 meetings, managers listening to staff more"*  
*"would really like to see our senior managers more...not just Directors...would like them to see what it's like on the ground"*  
*"manager will interject and represent the team more now, structures exist to allow it to happen..."*  
*"could be more aware of the stress that staff are under...our mental health and wellbeing...morale is low...paper work...everyone is panicking to get things done...so much paperwork..."*

There are greater levels of engagement throughout the Directorate; processes for involving people in decision-making are better embedded; more managers are genuinely empowering and enabling staff to effect improvements to service provision; more information is made available to more people; levels of trust and openness have improved at all levels, mostly due to the collaborative approach that is encouraged throughout the Directorate.



*"bit of work to be done on encouraging people to be accountable, both up and down...need people who have a voice...take it through the system...need collaborative approach at all levels."*  
*"much more aware of what's going on...better idea of who's who and who does what...more of a sense of being supported as people"*  
*"more engagement...no segregation...Band 3 facilitated the group...feel just as valued...internal structures have improved too...better communication..."*  
*"3 years ago we were producing management plans in a disengaged way...I would say that 75% of people 'get it' now...that's a bit improvement."*  
*"better staff meetings...open and honest discussion and sharing of information...asked, not told...not just a worker. Really part of what goes on"*  
*"new structure in place for admin now...definitely feel more part of the team, particularly ICT and MDT...much more involved and valued"*

The Directorate benefits from having people who have a strong commitment to their service areas and the service users. Without exception, those interviewed genuinely want to make a difference to the lives of patients, service users and their families. Most people feel that they do make a positive contribution to the work of the team, the service and ultimately the Trust. Some of those interviewed had received awards and recognition at team, Directorate or Trust levels. They also feel valued when their talents are recognized and they are offered opportunities for learning and development, to lead projects and join consultative groups.

However, in terms of recognition of their efforts, they place more value on the positive and constructive feedback that they get from managers, colleagues, service users and families. The behaviour of managers at all levels is extremely important in this regard.



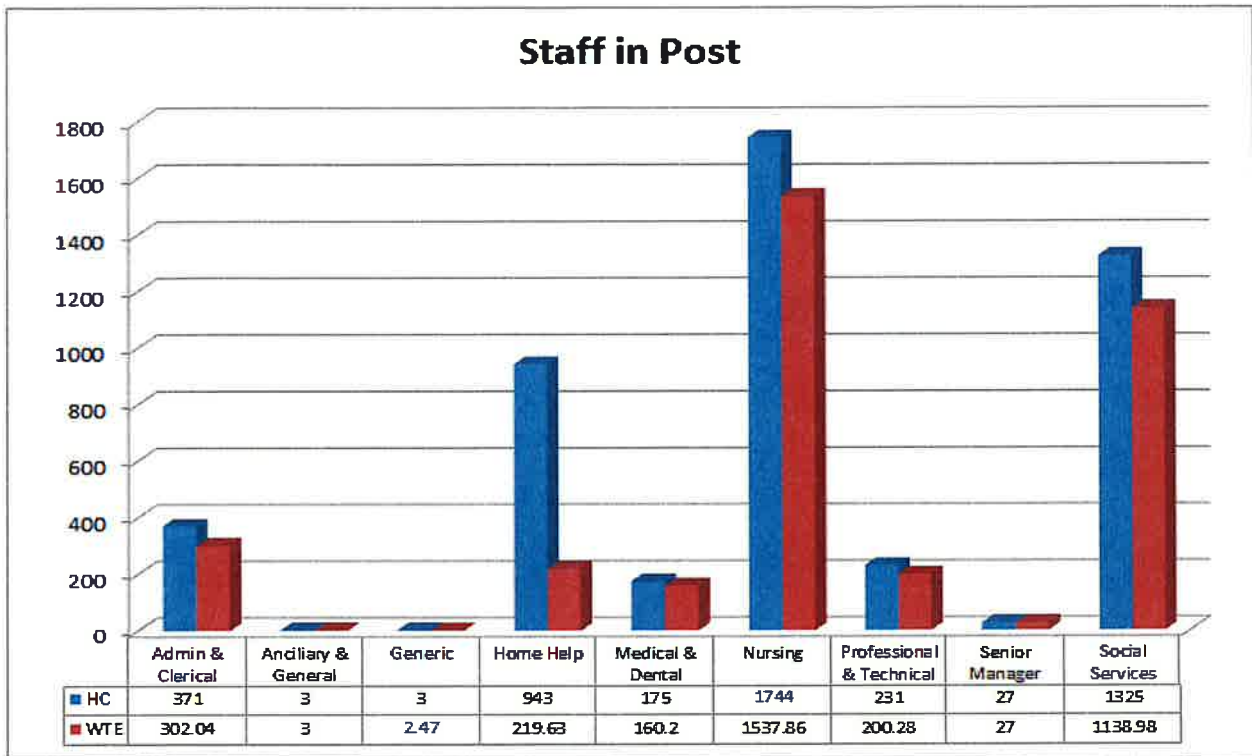
*“always get recognition for a job well done after audits like RQIA...service manager sent a card to the ward...we won the Chairman’s Bronze and Pharmacy team won an award too”*  
*“invited to go to brainstorming exercise for whole Directorate...time to speak and be listened to by top managers...great to see all the work that is being done by the Directorate”*  
*“qualifications make you feel valued...training, encouragement, always support...rewarding job”*  
*“I’m not sure that we do feel valued by senior managers...we work hard but always seem understaffed...blockage seems to be at management level...”*  
*“sometimes it just seems like you do your job and go home...everything is so busy...families say thank you...seems there is a terrible culture of criticism...dealt with well at ward level”*  
*“people more willing to enter for awards...more confidence in the teams...people feeling more valued...”*  
*Thanked me in front of all the staff...letters from Service manager...awards and ceremonies all shared on the Hub.*

Conversations with people at all levels in the Directorate confirmed that there have been changes and improvements across the themes that are the focus for this assessment. There is an acknowledgment on the part of senior managers that some of the improvements are better embedded than others and some remain a ‘work in progress’. Their continued commitment to improvement will ensure that processes and strategies will continue to develop and mature.





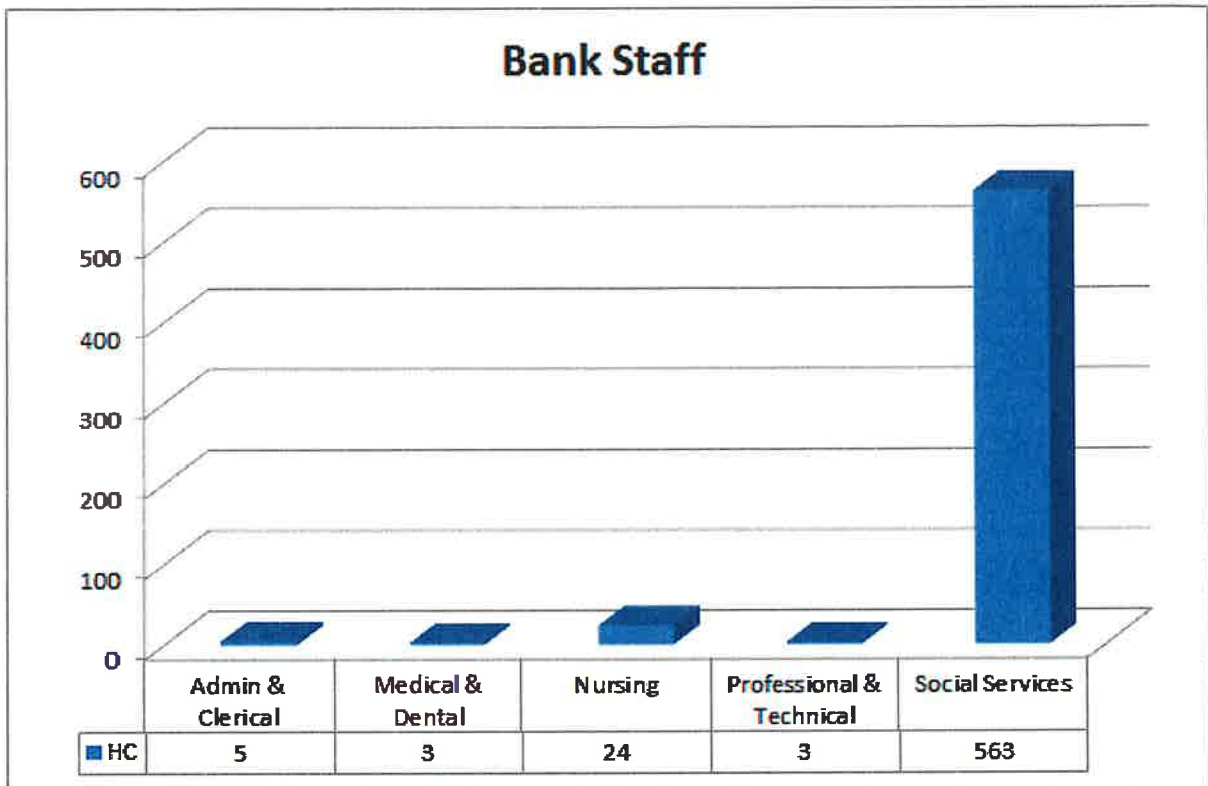
1. Staff in Post



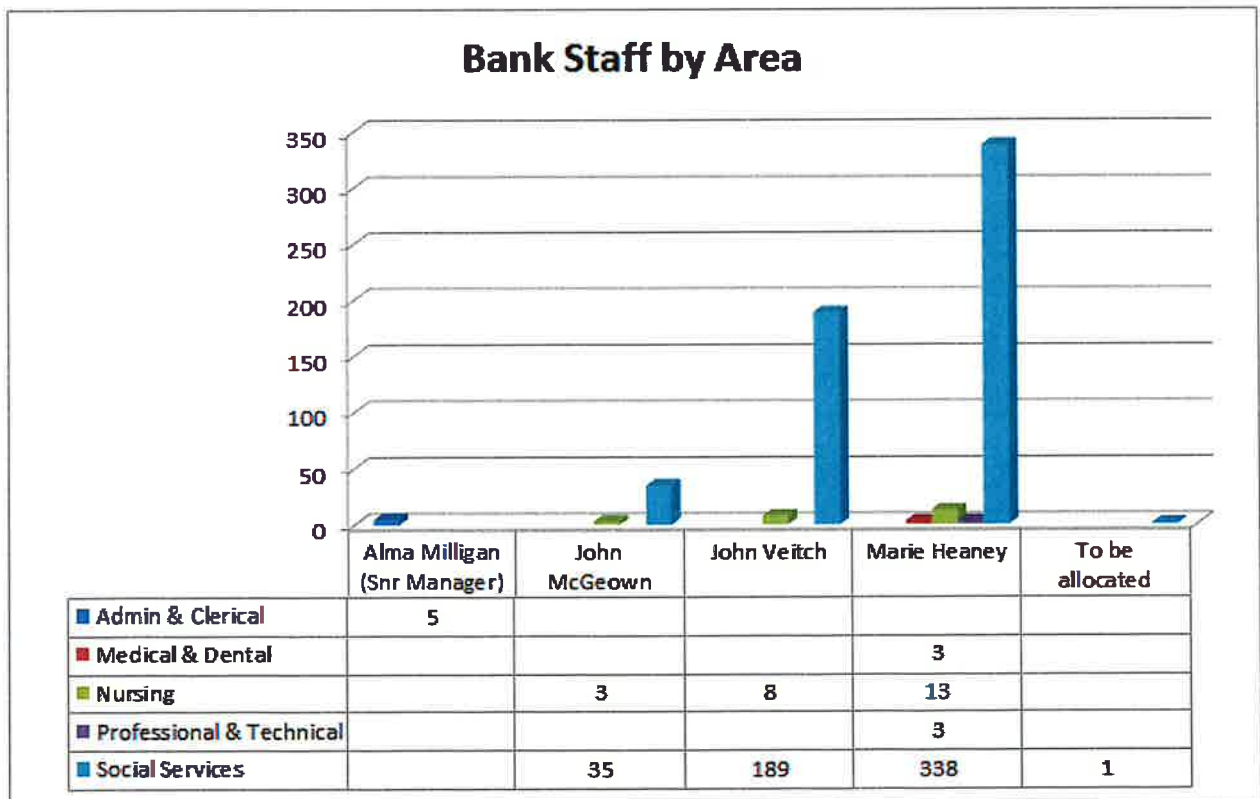
2. Staff in Post by Area

Manager		Admin & Clerical	Ancillary & General	Generic	Home Help	Medical & Dental	Nursing	Professional & Technical	Senior Manager	Social Services	Grand Total
Alma Milligan (Snr Manager)	HC	327	1					1	1		330
	WTE	259.69	1					0.16	1		261.85
Dr Sarah Meekin	HC	9					3	59		1	72
	WTE	8.32					3	55.47		1	67.79
John McGeown	HC	13	2	1	14	108	557	68	2	143	908
	WTE	13	2	1	10.89	97.1	527.78	62.38	2	134.3	850.45
John Veitch	HC				1	10	416	12		464	903
	WTE				0	9.2	372.94	10.31		400.49	792.94
Marie Heaney	HC	20		2	928	57	745	88	2	705	2547
	WTE	19.03		1.47	208.74	53.9	612.14	69.04	2	591.52	1557.84
Research	HC						6	1		1	8
	WTE						6	1		0.67	7.67
To be allocated	HC	2					17	2	22	11	54
	WTE	2					16	1.92	22	11	52.92
<b>Total HC</b>		<b>371</b>	<b>3</b>	<b>3</b>	<b>943</b>	<b>175</b>	<b>1744</b>	<b>231</b>	<b>27</b>	<b>1325</b>	<b>4822</b>
<b>Total WTE</b>		<b>302.04</b>	<b>3</b>	<b>2.47</b>	<b>219.63</b>	<b>160.2</b>	<b>1537.86</b>	<b>200.28</b>	<b>27</b>	<b>1138.98</b>	<b>3591.46</b>

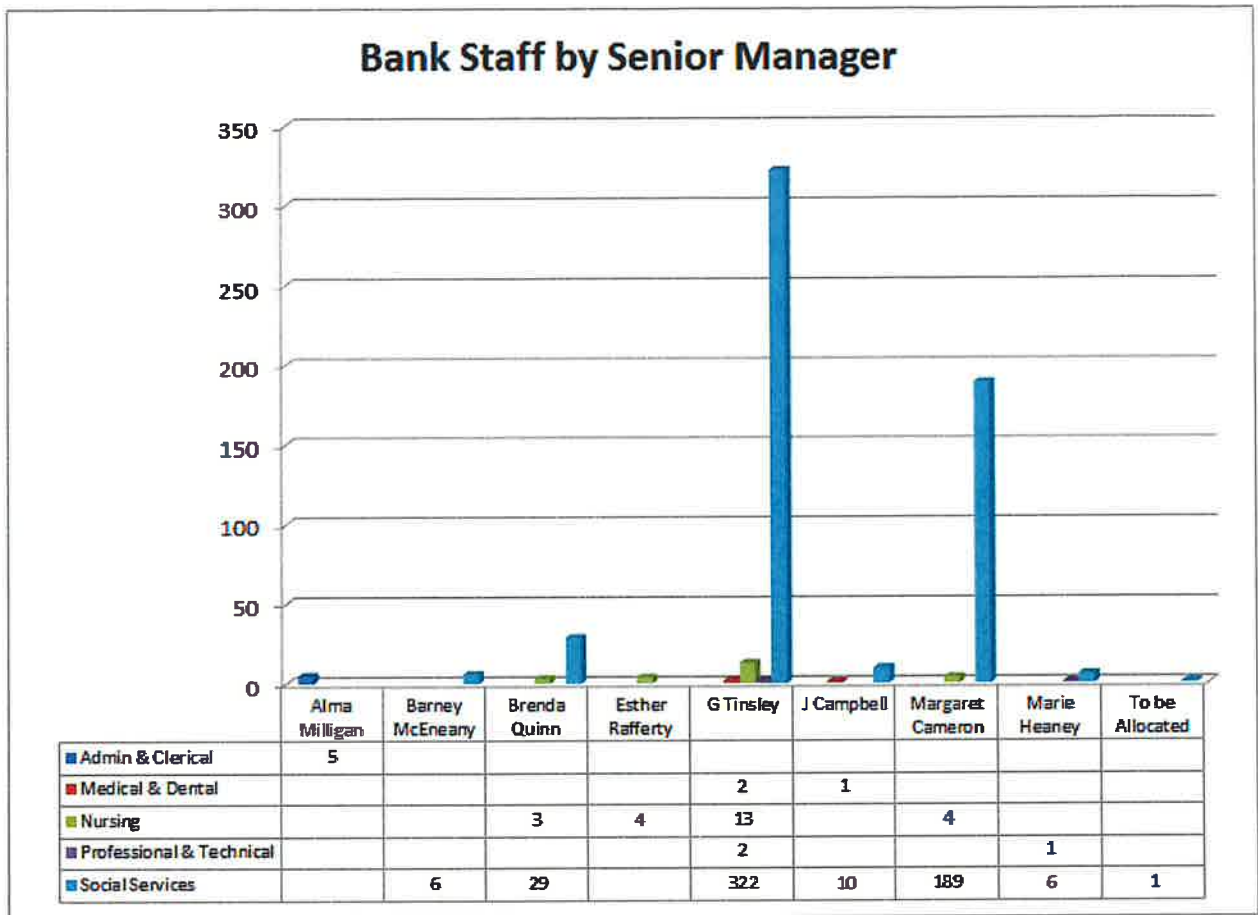
3. Bank Staff



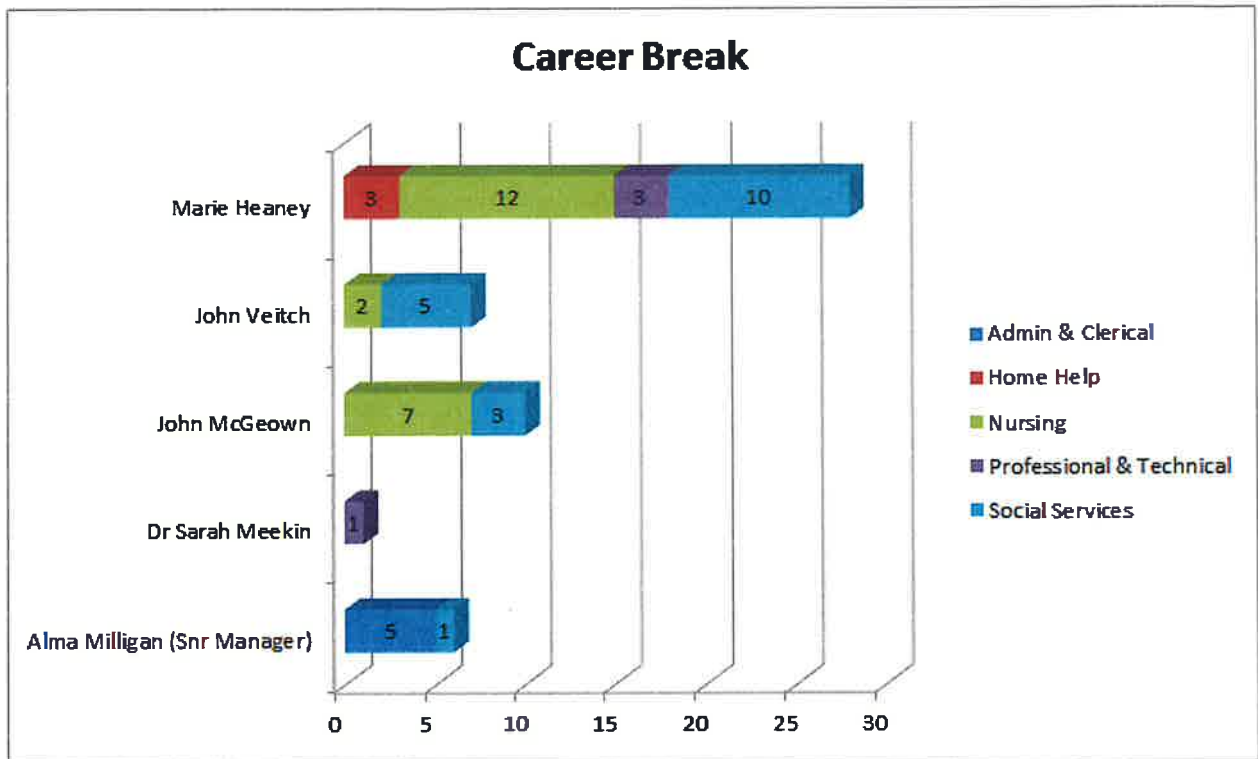
4. Bank Staff by Area



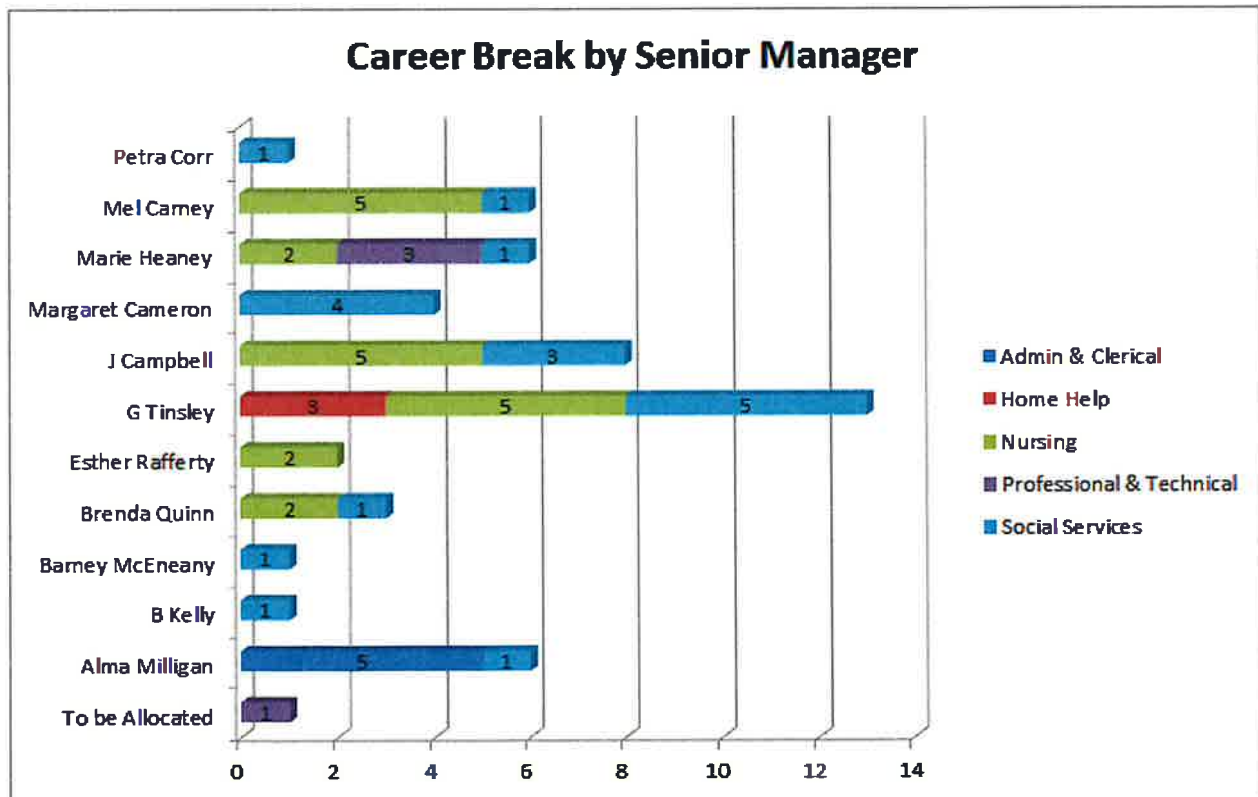
5. Bank Staff by Senior Manager



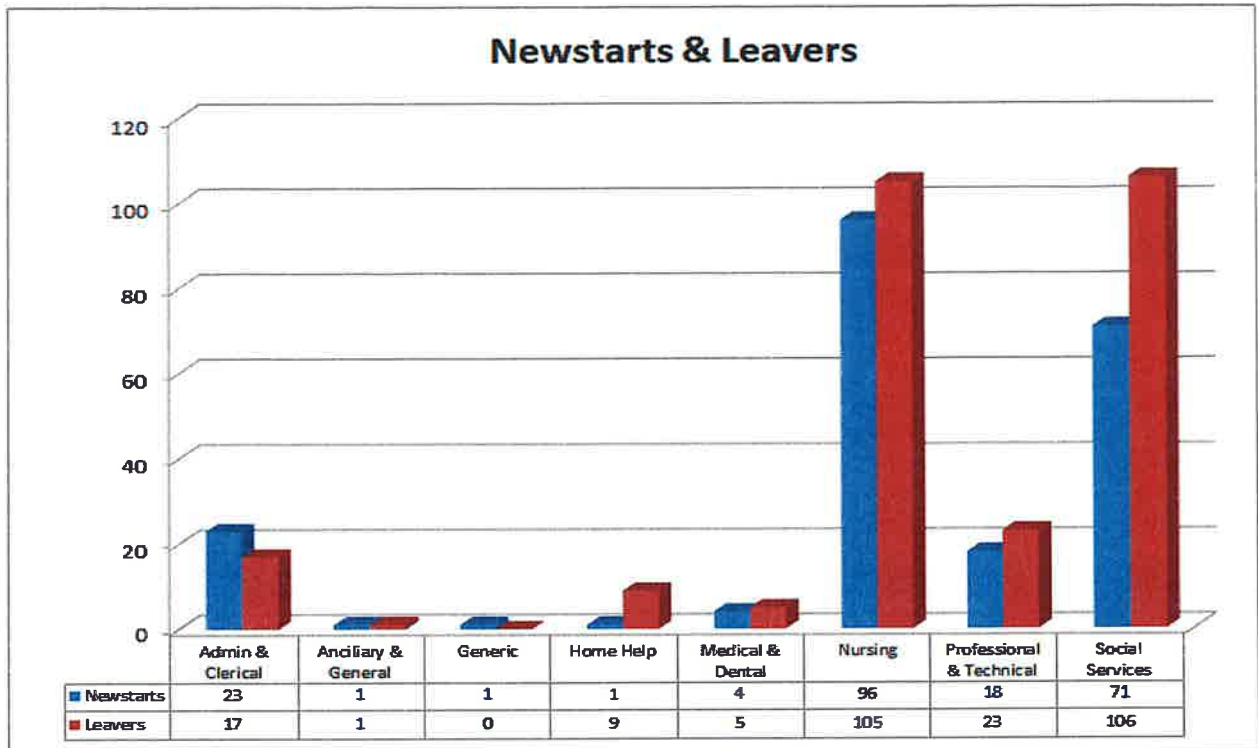
6. Career Break



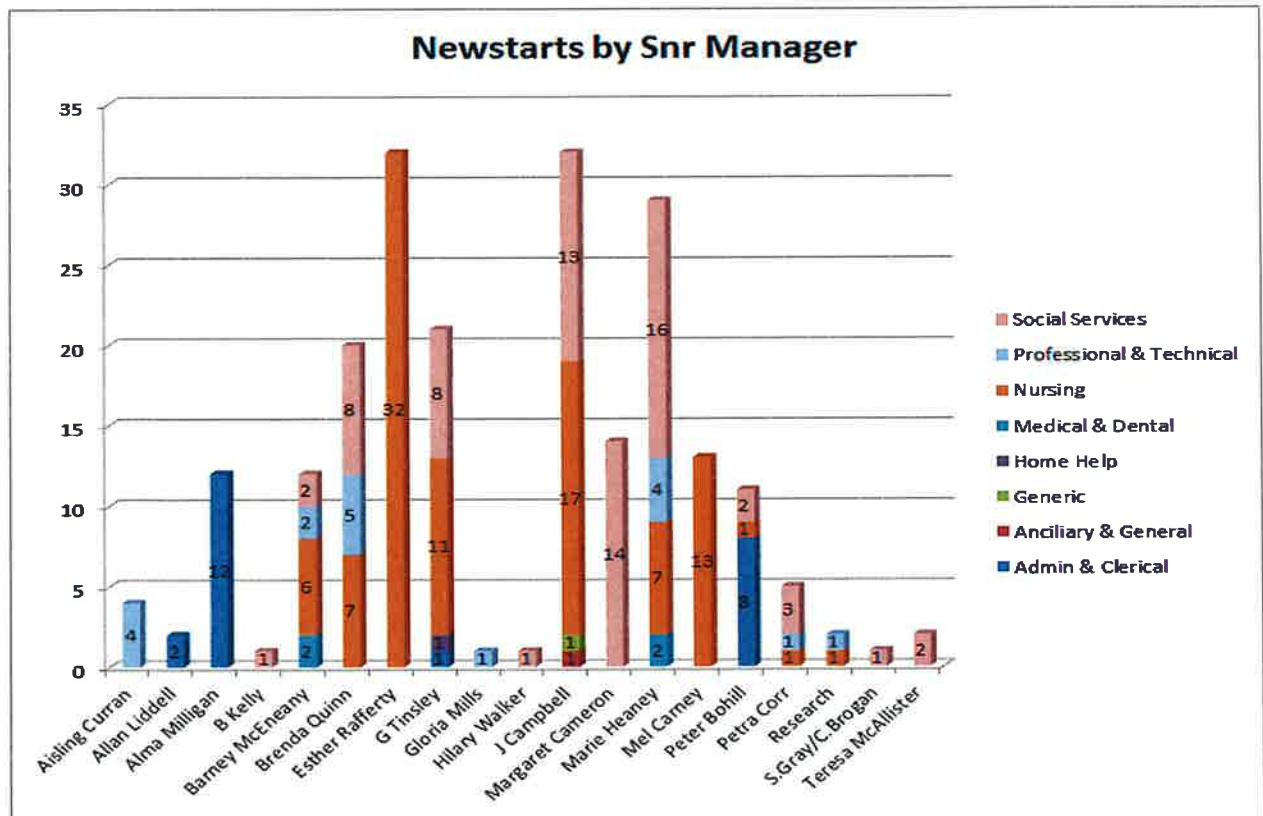
7. Career Break by Senior Manager

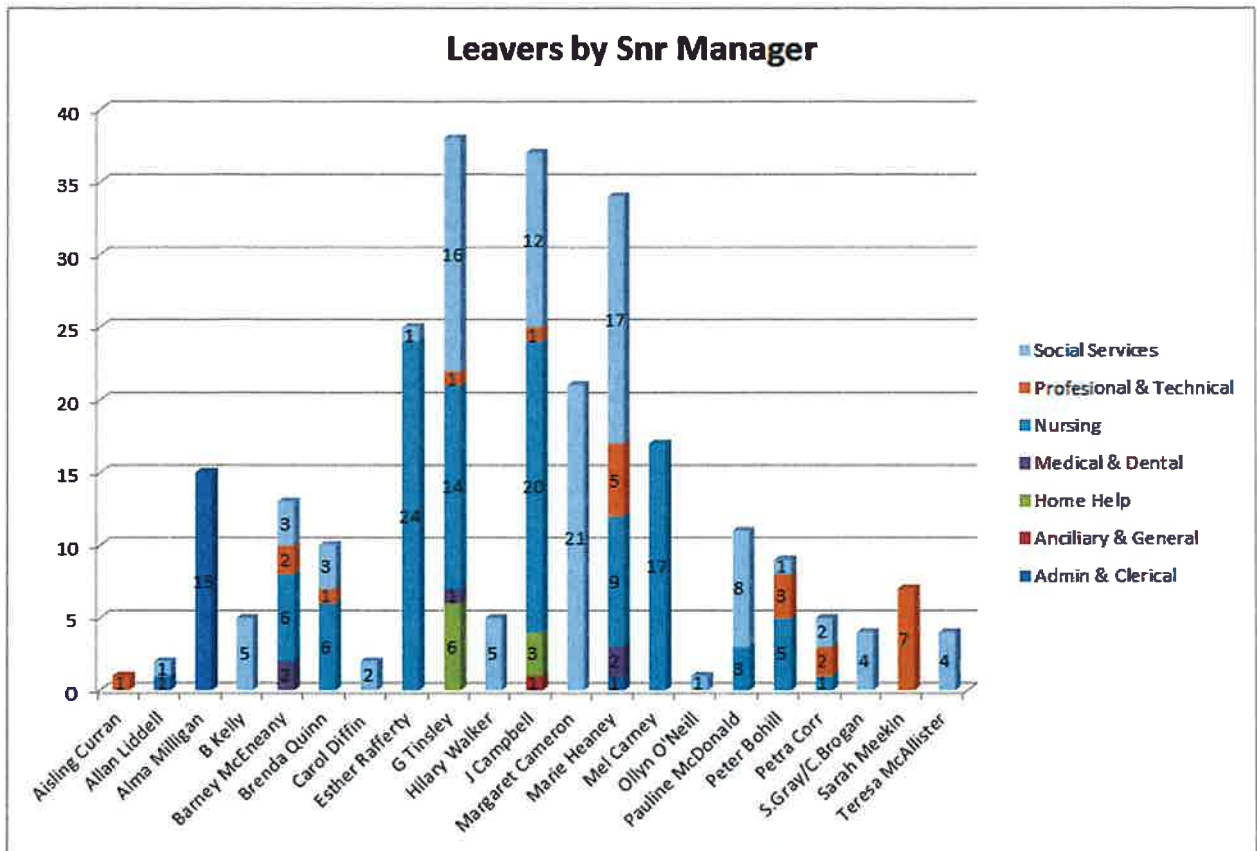


8. Newstarts & Leavers

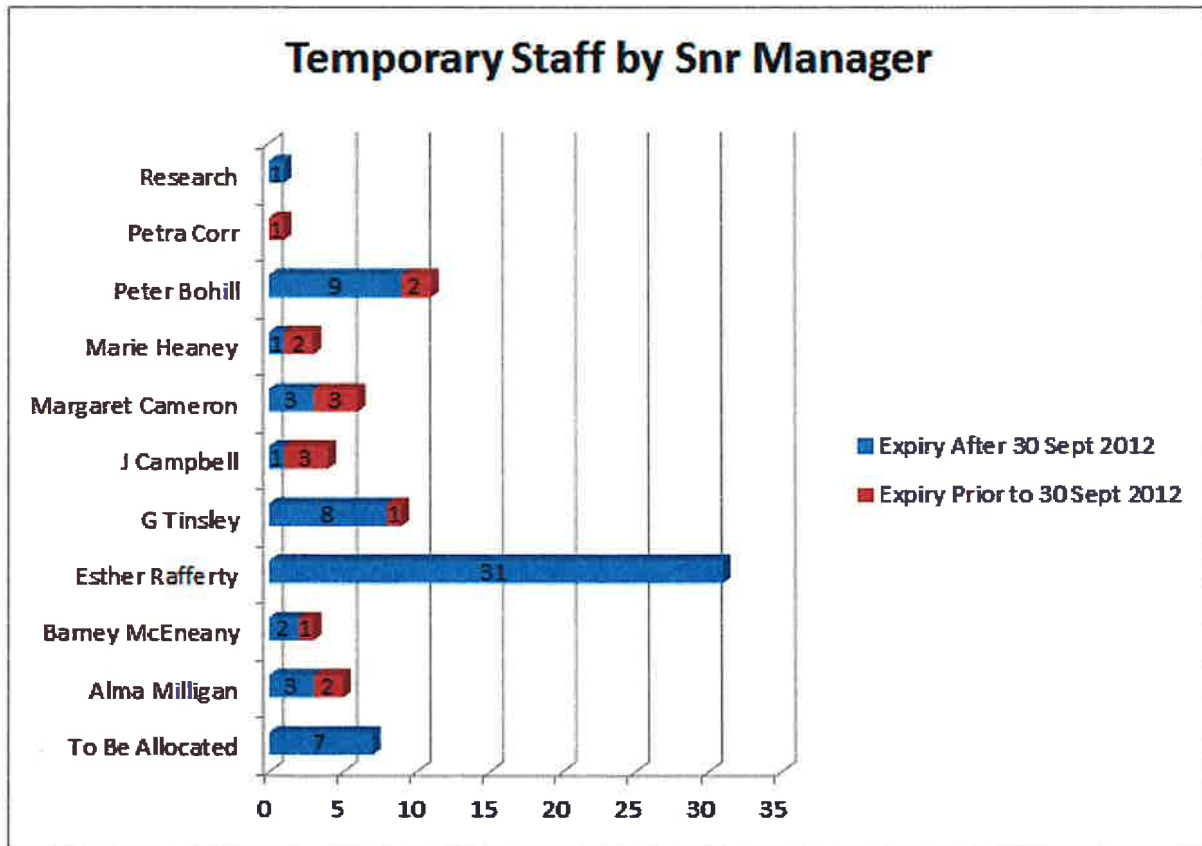
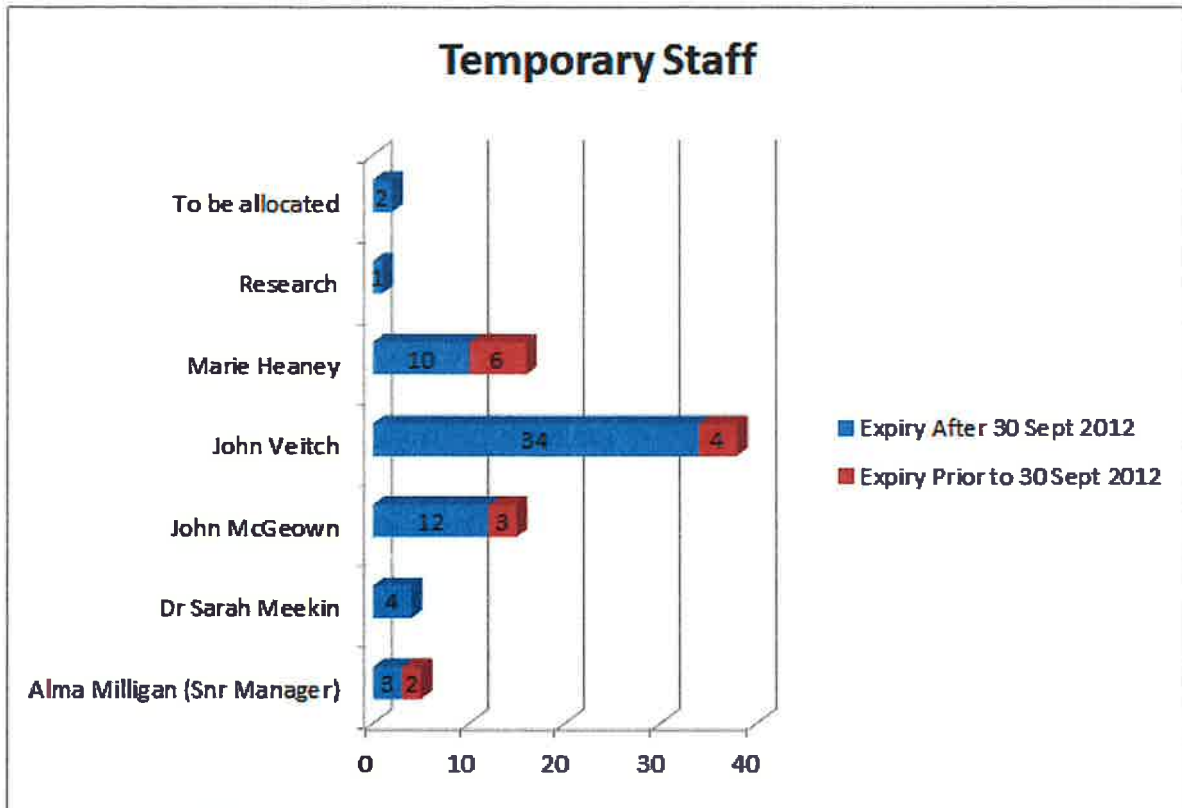


9. Newstarts & Leavers by Area

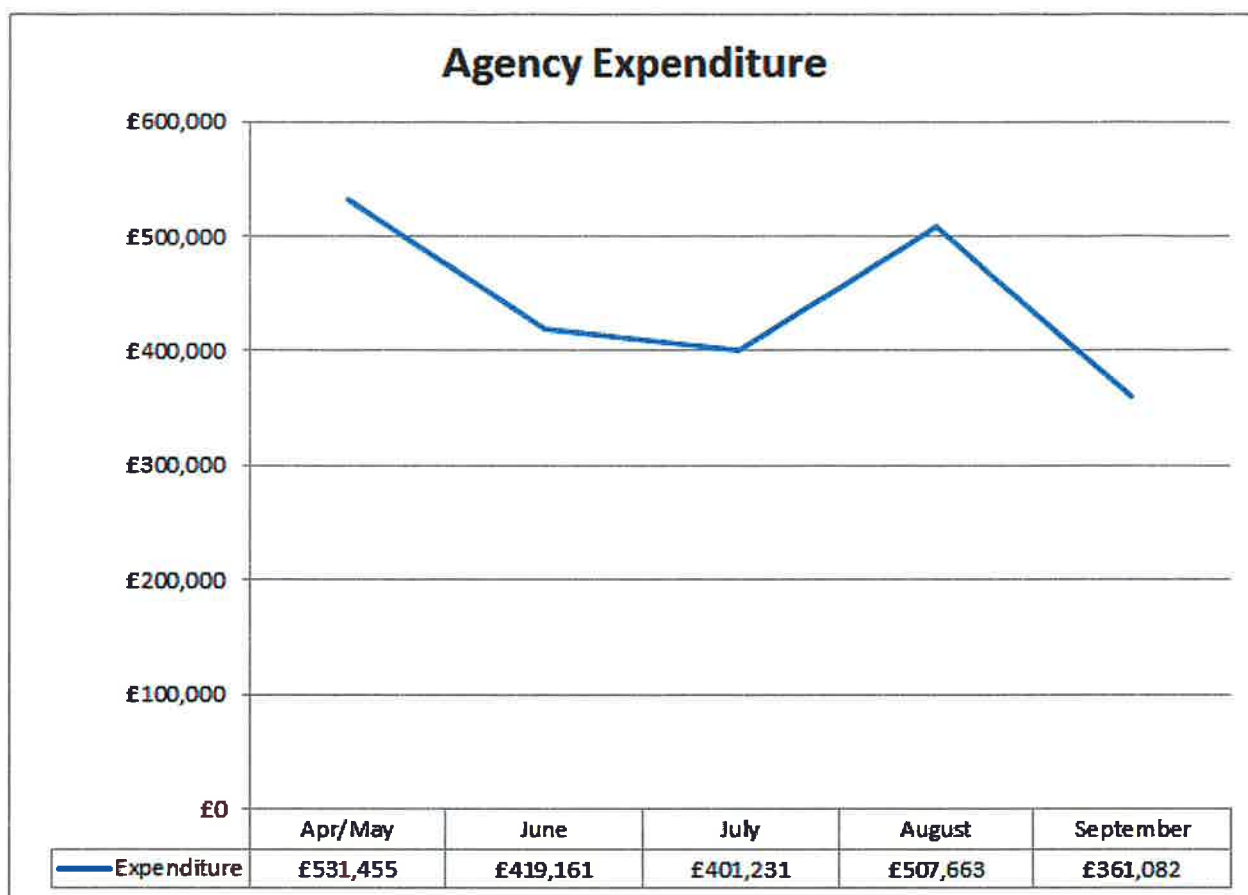




8. Temporary Staff



8. Agency Spend

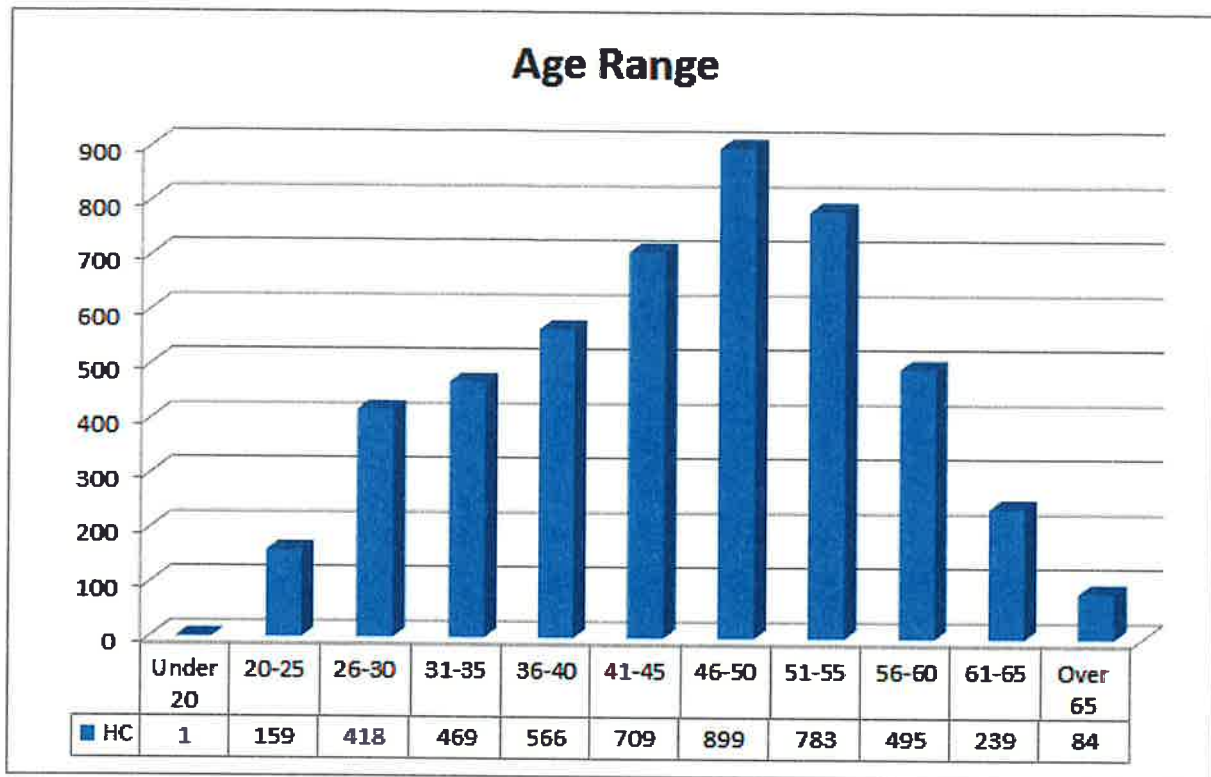


9. Absence

Area	ABSENCE LEVEL AT 31ST MARCH 2012	TARGET BY 31/03/13	PERCENTAGE DAYS LOST 01 APR 12 - 30 APR 12	PERCENTAGE DAYS LOST 01 APR 12 - 31 MAY 12	PERCENTAGE DAYS LOST 1ST APR 12 - 30 JUN 12	PERCENTAGE DAYS LOST 1ST APR 12 - 31 JUL 12	PERCENTAGE DAYS LOST 1ST APR 12 - 31 AUG 12	PERCENTAGE DAYS LOST 1ST APR 12 - 30 SEP 12
<b>CATHERINE MCNICOLL - DIRECTOR</b>	5.90%	5.31%	6.31%	6.24%	7.27%	6.84%	5.80%	6.23%
<b>JOHN MCGEOWN</b>	5.14%	4.88%	6.73%	6.31%	6.56%	6.06%	3.88%	5.78%
<b>SARAH MEEKIN</b>	1.19%	1.18%	4.62%	4.54%	4.80%	3.30%	3.36%	2.84%
<b>ALMA MILLIGAN</b>	6.33%	5.70%	not available	not available	6.68%	4.89%	5.52%	5.18%
<b>JOHN VEITCH</b>	5.96%	5.36%	7.90%	7.14%	6.85%	6.42%	7.11%	6.11%
<b>MARIE HEANEY</b>	6.45%	5.81%	7.06%	7.43%	7.31%	7.05%	7.12%	6.96%



10. Age Profile



Individual breakdowns can be provided on request



# Adult Social & Primary Care

Management Objectives  
Balanced Score Cards

2014/15

*MAHI  
Thamer*

Safety & Excellence

What	When	Who
We will improve our performance in terms of complaint reply response times while adequately addressing service user concerns	Mar 15	All Co Directors

Partnership

What	When	Who
Increase our commitment to our staff through further implementation of IIP	Mar 15	All Co Directors



Continuous Improvement

What	When	Who
Develop new uses of assistive technology to support people to live more independently in their own homes	Mar 15	All Co Directors
We will further improve our performance to meet all relevant Ministerial PFA	Mar 15	All Co Directors

People & Resources

What	When	Who
Further develop service user and carer involvement across the directorate's services	Mar 15	All Co Directors
Improve attendance rates across our services	Mar 15	All Co Directors
Better manage our finances	Mar 15	All Co Directors
We will develop a workforce strategy in response to TYC	Mar 15	All Co Directors

**Safety & Excellence**

What	When	Who
Complete skills audit	Staged by Mar 15	Service & Op managers & prof leads
Embed CAPA	Staged by Sept 2014	Co Director & Project team
Develop governance and contract management skills	Project Plan	Co Director & Project team
Meet mandatory training requirements	Mar 2015	All
Broaden skills base for drugs and alcohol	Mar 2015	All



**Continuous Improvement**

What	When	Who
Implement revised MH care pathway	By Mar 2015	All
Take Primary Care Hubs to scale across city	Project Plan	Co Director & Project team
Extend rehabilitation services to 777965	Sept 2014	Co Director & service managers
Complete New Ways of Working re-design	Staged by Sept 2014	Co Director & Project Team
Provide community alternative to step 4&LS	Mar 2015	Co Director & service managers

**Partnership**

What	When	Who
Roll out IMROC	On-going	All & Project Team
Embed key worker role	50% cases by Mar 2015	Service, Ops Managers & Prof Leads
Complete service user review and plan imp.	Dec 2014	Co Director & Project Team
Monitor and embed co-produced care planning	On-going	Service, Ops Managers & Prof Leads
Audit betterment	Sept 2014	External advocates

**People & Resources**

What	When	Who
Meet ministerial access targets	Each week	All
Achieve QICR savings	Each month	Co Director & service managers
Achieve absenteeism target	Each month	Co Director & service managers
Achieve resettlement target	Mar 2015	All
Meet complaints targets and embed learning	Staged and on-going	Co Director & service managers

## Safety & Excellence

What	When	Who
Review outcomes framework in line with psychological therapies steering group and embed in psychological services	First report and recommendations Sept 14	Head of Psychological Services and SMT
Re-establish audit programme within psychological services	Report March 2015	Head of Psychological Services and SMT and Audit Coordinator
Embed governance framework across service	Governance manual by end year 2014	Head of Psychological Services and SMT
Meet ministerial targets regarding access to psychological services and autism services and highlight capacity issues	Monthly	Head of Psychological Services and SMT

## Continuous Improvement

What	When	Who
Increase skill in delivery of psychological therapies across workforce – establish programme for 2014-15	End of year 2014	Head of Psychological Services and SMT and Co Directors
Develop further programmes for staff care and support across directorate and trust	Commenced - ongoing	Head of Psychological Services and SMT in partnership with Co Directors and HR and OH
Maintain absenteeism target	Each month	Head of Psychological Services and SMT
Meet agreed financial targets	Mar 2015	Head of Psychological Services and SMT
Review training needs and skill mix across all services	Phased by Mar 2015	Head of psychological Services / Co Director & service managers

## Psychological Services

## Partnership

What	When	Who
Improve service user and carer involvement in design and delivery of psychological services	Plan in place by Mar 2015	Head of Psychological Services and SMT
Increase support and partnership working with community and voluntary groups	Commenced - ongoing	Head of Psychological Services and SMT
Contributes to reviews of services in AMH, LD, CAMHS, and child disability and ensure best use of limited psychological resources	Link to Co Directors timescales	Head of Psychological Services and SMT in partnership with Co Directors

## People & Resources

What	When	Who
Expand provision of autism services to include delivery to adult population	Dec 2014	Head of Psychological Services, BAAS steering group, Trust Autism Group
Establish directorate wide behaviour management strategy and guidelines	By Dec 2014	Head of Psychological Services and Co Directors
Review and improve access to psychological therapies across directorate and trust	Phased by Mar 2015	Head of Psychological Services and Co Directors
Expand use of outcomes framework across directorate re provision of psychological therapies	Phased by Mar 2015	Head of Psychological Services and Co Directors

**Safety & Excellence**

What	When	Who
Introduce peer reviews and productive ward model within hospital	Phased by Mar 2015	Service & Ops Managers
Enhance skill mix and management arrangements at Weagh	By Oct 2014	Co Director & Service Manager
Establish specialist safeguarding service and undertake 6 monthly review	Phased by Mar 2015	Co Director & Service Manager
Evidence service user and carer participation across all services	Phased by Mar 2015	Co Director & service managers

**Continuous Improvement**

What	When	Who
Achieve QICR savings	Each month	Co Director & Management Team
Achieve absenteeism target	Each month	Co Director & Management Team
Develop and implement plans for redeployment of hospital staff	Phased by Mar 2015	Co Director, Service Manager & Ops Manager
Review training needs and skill mix across all services	Phased by Mar 2015	Co Director & service managers

Learning Disability Services

**Partnership**

What	When	Who
Plan future provision of day opportunities and review residential and supported living provision	Phased by Mar 2015	Co Director & Management Team
In partnership with Voluntary, Community and Statutory sectors increase Day Opportunities	Phased by Mar 2015	Co Director & Management Team
Increase specialist nursing home and supported living provision	Phased by Mar 2015	Co Director & service managers
Audit beltment	By Mar 2015	External Advocates & Service Manager

**People & Resources**

What	When	Who
Develop hospital modernisation plan	By Nov 2014	Co Director & Management Team
Implement community intensive support & psychological therapy services	By Dec 2014	Co Director & Service Manager
Reduce delayed discharges and unplanned admissions to Weagh	Phased by Mar 2015	Co Director & Service Manager
Achieve ministerial and commissioning targets including PTL and delayed discharges	Phased by Mar 2015	All
Develop action plan for self directed support implementation	Phased by Oct 2014	Co Director & Management Team

Safety & Excellence

What	When	Who
Review and improve governance framework	Mar 15	Co Director
Full implementation of CIS	Oct 15	Co Director & service managers
Review progress in adult safeguarding service and continue to refine model to ensure referrals responded to by right team	Mar 15	Service Manager
Improve complex discharge pathways and performance	Mar 15	Service Manager
Re-launch Quality Assurance service for commissioned services	Mar 15	Co Director service managers
Full implementation of the reablement service	Mar 15	Service Manager
Modernise and streamline memory services	Sept 15	Service Manager
Modernise statutory home care service	Mar 15	Service Manager
Commence review of EMI homes	Mar 15	Service Manager
Commence implementation of BCH direct assessment and treatment unit	Commence Oct 14 and ongoing	Co Director & Service Manager
Begin to develop Trust wide Acute Care at Home team	Mar 15	Service Manager
Develop services for people with complex neurodisability	Mar 15	Service Manager
Continue to implement palliative and end of life strategy in line with action plan	Mar 15	Service Manager
Develop alternatives to day opportunities in physical disability services	Mar 15	Service managers

Continuous Improvement

Older People Physical & Sensory Disability

Partnership

What	When	Who
Develop Telecare project	Mar 15	Co Director & Service managers
Progress a fourth supported housing scheme for people with dementia	Mar 16	Service manager
Work with the 4 ICP's to ensure that services are delivered close to home	Mar 15 on-going	Co-Director & service managers
Lead and implement carer's strategy across directorate	Mar 15 on-going	Co-Director & service managers
Progress the personalisation and self-directed support agenda	Mar 15	Co-Director & service managers

People & Resources

What	When	Who
Undertake workforce review in district nursing, social work and social care	Mar 15	Co Director & service managers
Implement QICR action plans	Mar 15	Co Director & service managers
Achieve ministerial and commissioning targets	Mar 15	Co Director & service managers
Achieve reduction in absenteeism	Ongoing Mar 15	Co Director & service managers
Achieve reduction in backlog	Ongoing Mar 15	Co Director & service managers