

Muckamore Abbey Hospital Inquiry

Organisational Module 7 - MAH Operational Management

WITNESS STATEMENT OF JOHN VEITCH

I, John Veitch, Retired Co-Director of Learning Disability Services within the Belfast Health and Social Care Trust (the Belfast Trust), 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 11 March 2024. The statement addresses a set of questions posed to me relating to MAH Operational Management.
2. This is my second witness statement to the MAH Inquiry. My first witness statement to the MAH Inquiry related to Module 6b, the Ennis Investigation.
3. The documents that I refer to in this statement can be found in the exhibit bundle attached to this statement marked "JV2".
4. The 11 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 am a qualified social worker by background. I hold a BSSC Degree in Social Studies (1977) and a MSc in Applied Social Studies (1980).

Questions for witnesses working in a management position within MAH

Question 1

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

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

My role in the management of MAH.

6. I assumed the position of Co-Director for Children's and Adult Learning Disability Services within the Belfast Trust from January 2011. I remained in that post until my own retirement in September 2016.
7. In total, I was employed in Health and Social Care services in Northern Ireland for thirty nine years. I held numerous responsibilities for Social Work and multi-disciplinary services at practitioner and various management levels throughout my career. The role I held immediately before becoming the Co-Director for Children's and Adult Learning Disability Services was Co-Director for Children's Disability Services.
8. The position of Co-Director for Children and Adult Learning Disability Services (Co-Director) was not a designated social work role but was open to those from a range of graduate and professional backgrounds.
9. As Co-Director, I had responsibility for all aspects of the management and development of an extensive range of hospital and community-based services, each with its own senior service manager who reported directly to me. These services were:

- a. Children's Community Disability Services (these services transferred to the Children's Directorate within the Belfast Trust around May 2013).
- b. Adult Learning Disability Residential, Supported Living and Day Services.
- c. Adult Learning Disability Community Teams and Treatment Services.
- d. Adult and Children's Inpatient Services.

10. The Adult and Children's Inpatient Services were located at Muckamore Abbey Hospital and the Iveagh Centre respectively. Both facilities provided services to the five Health and Social Care Trusts in Northern Ireland.

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

11. As Co-Director, I held managerial responsibility for all staff working within the above services. While the largest cohort was Nursing and Social Work/Social Care staff, this also included all other multi-disciplinary staff, most notably medical and psychology staff and allied health professionals.

The day-to-day responsibilities of my role.

12. The day-to-day responsibilities of my role involved the effective management and development of the full range of community and hospital services across the above four areas.

13. These day-to-day responsibilities were therefore multi-faceted focusing on the provision of safe, effective and efficient care, as well as the development, implementation and delivery of the Regional Learning Disability Strategy. That regional strategy encompassed the redesign and modernisation of services as envisaged in the Equal Lives Report, the Bamford Review and Transforming Your Care.

14. Day to day responsibilities therefore represented the significant strategic, corporate and operational responsibilities of the post. This included significant regional engagement with the then Health and Social Care Board (HSCB) , which involved attendance at meetings in relation to service issues and developments including Community Integration, the broader Bamford agenda, the Learning Disability Framework and the development of Key Performance Indicators.

15. There was also significant specific engagement with HSCB in relation to the challenging financial and operational agenda and pressures confronting MAH through the hospital having to provide both inpatient services and a range of quasi care placements, alongside a requirement for the incremental closure of wards. In order to address this major agenda, there were also significant additional pressures to try to enhance community services. This required the engagement of a range of existing and potentially new community service providers to plan and commission major new developments to meet the assessed needs of those requiring reintegration to the community, alongside the development of the necessary community care and treatment infrastructure. It also involved the Belfast Trust planning and developing a number of major new directly managed supported living facilities, with the attendant recruitment of necessary staff.

16. The Belfast Trust, through the Co-Director role, had also to lead on a number of regional fora to try to expedite hospital discharges, and commission alternative community care placements consistent with the concept of “betterment”. This was accompanied by constant requests from other Trusts for new admissions to MAH, many of which could be largely attributed to the lack of adequate available community care and treatment services. The service group’s recurring concern regarding this issue was highlighted and escalated as illustrated within the minutes of the Core Group meeting held on 13 October 2015 and an email to the Health and Social Care Board and Public Health Agency dated 7 August 2015. These documents can be found behind Tab 2 and Tab 3 of the exhibit bundle respectively.

17. These requirements generated and necessitated a disproportionately high day to day focus on issues related to the hospital compared to the other significant Co-Director responsibilities across the service group. Particular priority was afforded to the Core Group meetings with their specific and detailed attention to key elements of governance.

Question 2

If you had a role in the admission and discharge of patients to MAH, please explain:

- i. How patients were referred for admission.**
- ii. Who was involved in the referral process.**
- iii. What factors impacted whether someone was able to stay at home or in the community or whether they were referred to MAH.**
- iv. Specifically, did lack of resources or delay in availability of support in the community impact on whether a patient was referred to MAH? If so, please explain.**
- v. Were other options to enable someone to remain at home or in the community always explored prior to the decision to admit them to MAH?**
- vi. How was it decided when a patient was ready for discharge from MAH?**
- vii. Were there patients at MAH for whom discharge was never considered? If so, why?**

18. While operationally responsible for all staff at MAH, I had no direct role or participation in the admission of individual patients. In relation to this, medical staff had the lead professional role which was executed whenever possible/practicable in consultation with onsite managerial and other clinical and professional staff.

19. Similarly discharge decisions and arrangements were professionally led by medical staff informed by multi-disciplinary reviews also involving family, and the Trust of origin and discussions at ward rounds.
20. However, throughout my period in post as Co-Director, I was acutely aware of how such decisions were often impacted by the lack of availability or funding in the community for suitable placements, in order to facilitate discharge arrangements. I was also acutely aware of the underdevelopment of Community Crisis Response and Treatment Services within all local Trusts. This is reflected in "A Baseline Assessment and Review of Community Services for Adults with a Learning Disability" undertaken by RQIA and published in August 2013.
21. A major analysis of admissions was also conducted during 2014 through the Belfast Trust's Hospital Modernisation Group. I chaired the Hospital Modernisation Group, with membership also including senior representatives from other Trusts, the Health and Social Care Board and the Public Health Agency. This admissions analysis is attached behind Tabs 4 and 5 of the exhibit bundle respectively and highlights that 58% of admissions during 2013/14 occurred outside Monday to Friday 9-5, and during August 2014 this represented 78% of admissions. The two highest factors precipitating admission were constantly categorised as "situational crisis" and "challenging behaviour", with a review led by medical staff concluding that 75% of these admissions were potentially avoidable. It was anticipated that additional community care and treatment services, when operational, would assist in addressing this.
22. Discharge arrangements were an active consideration for all patients at MAH immediately from their admission. Regrettably, this also coincided with an increase in delayed discharges alongside the remaining Patient Tracking List (or PTL) group of patients due to funding and placement constraints.

Question 3

How regularly did management meetings take place at MAH? Who set the agenda for any such meetings? Were minutes always kept of such meetings?

23. I convened and chaired a fortnightly senior management meeting at MAH, commonly referred to as the "Core Group" meeting. The other constant participants were the Service Group's Clinical Director, the Service Manager at MAH (who was also the Associate Nursing Director for Learning Disability Services) and the Directorate's Senior Governance and Service Improvement Manager for Mental Health and Learning Disability Services. In addition, other key managers and practitioners, based both within and outside the hospital, attended as required.
24. All participants contributed to the fortnightly agenda, and a formal note of each meeting, summarising the discussion, was taken and circulated to participants. The primary focus of this Senior Manager forum was on governance and service improvement at MAH.
25. I am aware that a range of other management meetings occurred regularly at MAH, although I did not participate in them. These meetings ranged from team meetings convened by ward managers through to monthly Senior Nursing/Ward Manager meetings convened by the Senior Service Manager.

Question 4

Did MAH managers receive regular reports on:

- i. The use of seclusion.**
- ii. The use of PRN medication.**
- iii. The use of physical intervention including MAPA.**
- iv. Safeguarding.**
- v. Complaints.**

If yes, please explain who prepared any such reports and how any concerns identified from the reports were escalated.

Reports received by Managers at MAH

26. I regularly received reports at Core Group Meetings, at monthly Learning Disability Senior Management team meetings and at quarterly Service Group Governance meetings. Other staff at management level of MAH, including members of the Core Group, may have received further reports relating to operational and professional issues which I would not have had sight of.

Core Group

27. I can recall that at Core Group we received many reports which allowed us to monitor the quality of care at MAH. Due to the time that has passed since I have retired, I may not recall each and every form of report that we received.

28. However, I can recall that Seclusion, Physical Intervention, Incidents, Adult Safeguarding (then in the form of Vulnerable Adults) and Complaints were regular, if not permanent, items on the Core Group Agenda.

29. Monthly information regarding the incidence of Seclusion and Physical Intervention was tabled at the Core Group management meetings convened at MAH. This information was collated from ward records on most occasions by a Senior Resource Nurse at MAH whose responsibilities included a specific role to support service improvement. The post holder, who also had a direct reporting arrangement to the Directorate's Senior Manager for Governance and Service Improvement, routinely attended Core Group management meetings for this aspect of the agenda.

30. The information presented in these reports was detailed. It provided data in relation to individual wards and patients. This included:
- The use, duration and time of seclusion by ward and individual patient.
 - The use, duration and time of physical intervention by ward and individual patient.
 - Trend data over a number of months.
 - Details of resultant action taken including the use and review of medication.
 - Details of any injury to patients or staff.
31. I have provided an example report behind Tab 6 of the exhibit bundle. This was a report tabled for July 2015 which demonstrates the range and detail of the information presented and considered, including “Accidents and Incidents”.
32. The review undertaken at the Core Group management meetings, in respect of incidents of seclusion and restraint, was additional to the immediate review of each incident and monitoring arrangements undertaken at various management levels within the hospital, including by ward managers, assistant service managers and senior clinical managers and staff. Ward managers monitored and reviewed the deployment of restrictive practices within their wards in accordance with its consistency with the standards of regional policy. This was further overseen by the assistant service managers and the senior service manager through their line management arrangements. It was also a key aspect of discussion and consideration at ward rounds and all clinical and planning reviews, including discussion with relatives and named community staff within the patient’s Trust of origin. A particular and recurring concern related to a very small number of inappropriately placed residents who accounted for a significant proportion of all incidents, with strong and repeated representations being made and escalated to their responsible Trusts in order to try to expedite early discharge to placements more suited to their assessed need.

33. Regular safeguarding reports were also collated from ward records by the senior social worker at MAH and presented and discussed at Core Group Meetings, including trend information. Safeguarding information from MAH was also collated and referenced with commentary in the Belfast Trust's Adult Safeguarding Report which was shared with the Health and Social Care Board. An example report can be found behind Tab 7 in the exhibit bundle. Information in relation to Adult Safeguarding was also included in the Trust's Annual Statutory Functions Reports.

34. Formal complaints, recent and outstanding, were also a routine agenda item at these Core Group management meetings. Complaints were often individually considered at these meetings, as can be seen from an example set of minutes that I have enclosed behind Tab 8 of the exhibit bundle.

Learning Disability Senior Management Team Meeting

35. Senior Management meetings were scheduled on a monthly basis and were attended by the Clinical Director, all Senior Service managers for Learning Disability, the Directorate's Service Improvement Governance lead, a senior Planning and Performance manager and a senior Finance Officer. Other professional leads and support services attended as required.

36. The agenda for this forum typically included key themes applicable across the service group including:-

- Financial performance
- Staff absence rates
- Delayed discharges
- Progress against objectives
- Complaints
- Human Resource issues
- User/ carer involvement

- Service and Policy developments.

37. Summary reports were routinely presented in relation to key data across the service group.

38. I exhibit two sample sets of minutes behind Tab 9 in the exhibit bundle.

Learning Disability Governance Meetings

39. I also convened and chaired a quarterly Service Group Governance meeting.

40. The Service Group Governance meetings were attended by the same senior management group outlined above and these meetings were additionally supported by a Senior Corporate Governance Officer. Recurring agenda items typically included:-

- Complaints
- Risk register
- Training
- Incident reports
- Policy/ procedure matters
- RQIA - matters arising
- Statutory functions reports

41. An important aspect of both the senior manager and governance meetings was to ensure that information and any necessary action was disseminated through established line management and professional arrangements across all services and teams.

42. I exhibit a sample set of minutes behind Tab 10 in the exhibit bundle.

Directorate Meetings

43. I also represented Learning Disability Services at the Directorate Senior Management and separate Governance meetings convened and chaired by the Director of Adult Social and Primary Care Services. These meetings were attended by all Co-Directors and senior professional and governance leads across the directorate. The typical agenda for these meetings replicated the service group arrangements outlined above.

Escalation of issues identified

44. Issues identified in reports pertaining to seclusion and physical interventions were reviewed at Core Group meetings with the Clinical Director and Senior Service Manager. An explicit consideration was that all such interventions were necessary and proportionate and fully in compliance with policy and procedures. On occasions it was agreed that further inquiries would be undertaken with Assistant Service Managers and senior clinical and ward staff, particularly in relation to patients who appeared to be the subject of a high number of incidents.

45. A further consideration was to review and seek assurance that families and key staff in the referring Trust were promptly and fully appraised regarding any safeguarding issue and the deployment of restrictive practices including seclusion and physical intervention. In the event of concern, arrangements were also agreed to ensure this was escalated to senior staff in the community Trust responsible for placement.

46. On occasions some identified concern related to skill mix and other cost pressures at MAH. This was escalated within the Belfast Trust leading, for example, to the internal temporary redeployment of additional specialist adult safeguarding staff to MAH from the Belfast Trust's mental health services bringing, what I considered

to be, the added advantage of “fresh eyes” to scrutiny of adult safeguarding at the hospital.

47. These issues were also escalated to the Health and Social Care Board through regular meetings and correspondence. This is demonstrated by successful Belfast Trust bids for additional skill mix resources submitted during December 2012 and for additional vulnerable adult resources during February 2013. It is also illustrated by the Belfast Trust’s escalation of its concern regarding bed management pressures and associated patient safety considerations in correspondence to the HSCB and Public Health Agency during August 2015.

48. At Core Group meetings it was also explicitly agreed that the Belfast Trust would not action ward closures within scheduled timescales where the Belfast Trust considered it would pose potential harm to any patient through compromising their treatment plan or through the resultant mix of patients on a ward. Any such concern was escalated to the Health and Social Care Board and on a number of occasions, and, with the agreement of the HSCB, led to postponement of ward closures.

Question 5

What procedures or processes were in place to ensure co-production between MAH staff and relatives of patients at MAH?

49. Personal and Public Involvement has been a statutory duty for all health and social care providers as set out in the Health and Social Care (Reform) Act (Northern Ireland) 2009.

50. At a managerial level, MAH had longstanding and established arrangements in relation to this requirement, as exemplified by its partnerships with the Parents and Friends of Muckamore Abbey organisation, and the TILLI (Tell It Like It Is)

Group within the hospital whose membership comprised of current inpatient service users. Both groups, through their regular and planned engagement with local senior management, had been instrumental in influencing change and improvement to the patient experience within the hospital, ranging from the development of the swimming pool, the refurbishment and development of services and the election and operation of a patient council. While I was in post as Co-Director the agenda presented by the Parents and Friends of Muckamore was significantly influenced by the regional community integration project. A representative from this group was also a core member of the regional resettlement group convened by the Health and Social Care Board in relation to this project.

51. Regional Patient and Client Council hosted a visit to the hospital with arrangements being put in place in relation to ongoing communication.
52. There was also a requirement and commitment for all staff to work in partnership with individual patients and their relatives in the formulation and delivery of care and treatment plans through the key named nurse arrangements in place. This is demonstrated by the central and pivotal role of relatives in the planning of discharge for the PTL group, as demonstrated in the Belfast Trust document dated January 2013 that I have enclosed behind Tab 11 of the exhibit bundle.

Question 6

What procedures or processes were in place to ensure co-production between MAH staff and community teams?

53. Co-production between MAH and Community Teams was recognised as an essential requirement to achieve optimum outcomes for patients and their families and this was founded on a shared commitment to continuity of care and that admission to a hospital setting should be for the minimum period possible.

54. There was therefore a strong commitment to ensuring that, for any admission to MAH, robust arrangements were in place to ensure the continuing full engagement and partnership approach with key workers and care management from the Trust of origin. This included their invitation/attendance at review meetings and ensuring, alongside family, that community staff were kept fully apprised of progress and any concerns including any relating to the deployment of seclusion and restraint. There was also a particular focus on the significant number of patients (including those on the PTL group) whose discharge had been delayed and for whom MAH was having to provide accommodation often for protracted periods. Arrangements were therefore in place at both a regional level and through resettlement meetings at MAH to ensure that senior and practitioner staff from all referring Trusts were aware of the impact and unsuitability of MAH to provide such accommodation.
55. Within the hospital, comprehensive arrangements were also in place to ensure the effective engagement and partnership working between hospital and community staff. This is demonstrated by the January 2013 document referred to above and behind Tab 11 of the exhibit bundle. These arrangements also facilitated enhanced co-production between MAH and community staff, who, in advancing the community integration project, had a much more visible and extensive presence at ward level. This included a staff member from one Trust being temporarily relocated to MAH for a number of months to work with hospital staff on discharge arrangements.
56. The requirement of co-production between MAH and the community teams was also promoted through senior management meetings within the service group and the integrated and inclusive approach to planning and service development. This is illustrated by plans agreed for additional investment in the Belfast Trust's community care and treatment services and developing a vision for services beyond resettlement.

57. Significant efforts were also made to coordinate training arrangements to try to optimise joint attendance by community and hospital staff and through the MAH workforce strategy arrangements to try to optimise potential community employment options for any displaced staff.

Question 7

What were the arrangements for multi-disciplinary team working with patients at MAH?

58. Multi-disciplinary working arrangements were determined and implemented for each individual patient through care and treatment planning on admission and remained the subject of continuous review.

59. During my period in post, concerns regarding the skill mix available to the hospital within its staffing establishment were highlighted and escalated through a number of mechanisms including the work of the Hospital Modernisation Group which I convened and chaired with senior Trust representation alongside senior representation from the Health and Social Care Board, Public Health Agency and other referring Trusts. The minutes of this group's meetings on the 9 January 2015, 6 March 2015 and 19 June 2015, summarising the Trust's concern, are attached at Tab 12 of the exhibit bundle.

60. The constraints of the established skill mix at the hospital were specifically highlighted by the intensive and comprehensive multi-disciplinary assessment work associated with the Community Integration Project and pressures within Assessment and Treatment wards. These concerns were proactively pursued both internally within the Trust and with the Health and Social Care Board. Within its own resource, and in partnership with the HSCB, MAH was able to prioritise and secure enhancement to its multi-disciplinary resources through the deployment of additional social work, occupational therapy and psychology staff while efforts continued to ensure this funding on a revenue basis as an integral component of

the staffing establishment. Significant additional resources were also temporarily secured for deputy ward manager posts and medical consultant sessions to facilitate and support resettlement and the attendant pressures. The context for this enhancement is set out in the paper which I have enclosed in the exhibit bundle behind Tab 13.

61. Alongside these actions I recall that senior staff at MAH made numerous efforts to secure multi-disciplinary support from referring Trusts in recognition of each community Trusts responsibility for the community integration of their patients. This regrettably achieved negligible success through reported capacity issues.

62. The Belfast Trust also fully recognised that the necessity of multi-disciplinary team working had to be viewed and addressed across both hospital and community services in order to prevent inappropriate admissions and readmissions and the attendant pressures on hospital staff. This concern is highlighted in the submission to the HSCB which is enclosed in the exhibit bundle behind Tab 13.

Question 8

What arrangements were in place at hospital level to monitor the implementation of and adherence to BHSCCT policies by staff at MAH?

Implementation of Belfast Trust policies

63. New and revised Trust policies were tabled at various meetings - of particular note during my time were the Learning Disability Governance meetings and MAH Core Group meetings. Each attendee of the meeting was expected to share the new or revised policy with the staff that they had responsibility for, thus creating a cascading effect.

64. Arrangements were also in place at MAH for a folder of key policies and procedures to be held at ward level for ease of access and reference, supplemented

by arrangements at ward level for individual staff to sign off that they had reviewed each policy/procedure. In addition, all hospital staff had access to corporate policies through a hub on the Belfast Trust's internal intranet. Key policy and procedural issues also formed part of training programmes including induction training, both corporate and service specific, as well as mandatory training.

Monitoring of implementation and adherence to Belfast Trust policies

65. The monitoring of implementation and adherence to Belfast Trust policies at MAH was conducted at a number of levels including:

- a. Team meetings
- b. Individual supervision and consultation arrangements
- c. Examination and audit of patient records
- d. External audit and inspection arrangements
- e. Ward rounds and patient reviews in relation to individual patients also included discussion and scrutiny of any restrictive practices deployed.

66. In addition to these arrangements, matters of policy and procedures were recurring agenda items at senior management meetings within the service group including Core Group management meetings at MAH, monthly Senior Management Meetings at both Directorate and Service Group Levels and Service Group Governance Meetings. They also formed part of the agendas of meetings between senior professional staff and their respective Associate Directors, namely the Associate Directors of Nursing and Social Work and Clinical Directors.

Question 9

What were the arrangements for clinical supervision of the practice of staff across all disciplines (including healthcare assistants) at MAH?

67. Operational management had responsibility to ensure requirements for clinical supervision were met. The service group's Associate Director of Nursing, Associate Director of Social Work and Clinical Director undertook the lead roles in overseeing the professional and clinical supervision of staff. Within the hospital a senior social worker had a lead role in overseeing social work practice, reporting operationally to service management and reporting professionally to the Associate Director of Social Work. Arrangements also took account of the multi-disciplinary nature of the service and the roles of ward rounds and review meetings in relation to clinical practice.
68. The Associate Director of Nursing met regularly on an individual basis with the senior nursing staff who reported directly to her and had arrangements in place to meet regularly with ward managers on site and senior nursing staff within the community to highlight, monitor and address professional nursing issues including supervision. She also was a member of the Belfast Trust's senior nursing management team meeting and regularly attended professional senior management fora within the nursing directorate.
69. The Service Group's Associate Director of Social Work, who was also a senior service manager within community services, fully participated in senior professional meetings convened by the Co-Director and/or Director of Social Work. She also maintained regular contact with the senior social worker at MAH who had the lead role in the professional management and supervision of social work staff at the hospital. He also attended senior professional social work meetings convened and chaired by the Associate Director. Adherence to social work supervision requirements was reported annually through the Belfast Trust's Delegated Statutory Functions Report, with MAH contributing fully to this process through the Service Group's Associate Director of Social Work.
70. The Service Group's Clinical Director convened regular meetings of medical staff and also undertook individual meetings with his Consultant Psychiatrist

colleagues and other medical staff employed by the Belfast Trust within its Learning Disability Services.

71. Professionally the Clinical Director reported to and was accountable to the Directorate's Associate Medical Director. Arrangements were also in place for all AHP/Psychology staff at MAH to receive clinical supervision within the Directorate.

72. In relation to the above arrangements, there was a clear requirement and expectation that any significant or unresolved issue of concern regarding clinical practice or supervision should be immediately escalated both to senior management and professional staff.

Question 10

What were the performance management arrangements for all staff, including managers, at MAH?

73. The primary mechanism for performance management arrangements at MAH at managerial level was the fortnightly Core Group management meetings.

74. This forum took cognisance of the key components of performance management both strategically and operationally, including the policy and commissioning requirements set by the DHSSPS (later DoH) and the Health and Social Care Board (later SPPG). This is reflected within the agenda and minutes of these meetings which routinely addressed key components of performance including:

- a. Patient safety including regular review of complaints, accidents and incidents, the use of seclusion and physical intervention.
- b. The outcome of RQIA inspections and reviews and monitoring the implementation of quality improvement plans.

- c. Progress on the implementation of the regional community integration project and its implications for the hospital.
- d. The recruitment and retention of staff and issues in relation to skill mix.
- e. The progress and impact of initiatives to improve performance e.g. the Productive Ward project and introduction to QNLD (the Quality Network for Inpatient Learning Disability).
- f. Review and action in relation to aspects of the regional Learning Disability Service Framework applicable to hospital services.
- g. Feedback and joint working with TILLI, Friends of Muckamore, independent advocates and patients and families.
- h. New development opportunities to improve services and outcomes.

75. In addition to this Core Group forum at MAH, aspects of performance management across all learning disability services were also routinely discussed and highlighted at the monthly service group Senior Managers and Governance meetings and at the Directorate's Modernisation group meetings, chaired by the Director.

76. All staff, including those at MAH, were required to complete annual Personal Contribution Plans, set against key performance objectives. This arrangement included managers at all levels within the organisation and informed training priorities.

77. Performance against individual objectives was reviewed at all regular supervision meetings and more formally at mid and end of year reviews. Individual meetings that I undertook took the form of monthly consultation meetings with each of my senior service managers with both parties contributing to the agenda. We also met frequently between these formal meetings on specific issues.

Question 11

What opportunities were available for the professional development of staff at MAH?

78. All staff including management staff at MAH had a range of staff training and development opportunities available to them reflecting their role and responsibilities. This included both professional and organisational courses/events and other external conferences and events offered by a range of providers. I do not hold information on these courses but if the MAH Inquiry wishes to be provided with more comprehensive detail on such courses and their uptake by MAH staff, this may be available directly from records held by the Belfast Trust.

79. While I was in post as Co-Director, priority for all staff was afforded to Induction (both Corporate and service specific) and Mandatory training. Attendance at this training was monitored by managers at MAH and action was taken as necessary to ensure full compliance.

80. Concerted efforts were made by local management to facilitate all training opportunities for staff, particularly when this was agreed as an integral aspect of staff's development related to their Personal Contribution Plan. I was aware that on a number of occasions some training opportunities had to be deferred as a result of staffing pressures within the hospital. In such circumstances every effort was made to reschedule at the next available training opportunity.

Question 12

Did you have any role in workforce monitoring, planning and implementation to ensure the appropriate staffing levels and skill mix (and thereby to ensure safe care) at MAH? If so, please describe that role. Please also explain how any concerns about such matters were escalated.

81. I had an important role in workforce monitoring, planning and implementation at MAH, and this was the subject of continual review at Core Group management meetings. This is demonstrated by the early identification of short falls in the staffing establishment at MAH to satisfactorily address the needs of a complex group of residents requiring clinical care and those for whom the hospital was having to provide bespoke temporary placements. It is also demonstrated by the representations made to the Health and Social Care Board and the DHSSPS (later DoH) to assist in addressing this. This is demonstrated by the formal submissions made by the Belfast Trust to enhance both nursing and multi-disciplinary services and the temporary redeployment of a small number of staff from other services within the directorate. It was also highlighted through the Belfast Trust's scrutiny process surrounding recruitment and had some success in achieving additional Health and Social Care Board funding for staff cost pressures at the hospital. The Belfast Trust's vision for services and the required skill mix were also progressed through the hospital Modernisation Group and this is detailed again later in this statement.
82. The availability of band 5 and band 3 staff at the hospital was a recurring source of concern, which was also highlighted on a number of occasions to the Health and Social Care Board, Public Health Agency and RQIA. It was also included on the Service Group's and Directorate's Risk Registers and intensive and continuous recruitment and retention efforts were made to address this concern. This included making exceptional arrangements through the Director to gain approval for a rolling series of advertisements to fill vacant posts and targeting a number of local and national universities in order to invite interest/applications from final year students completing their specialist nursing degrees. I also understand that through the Belfast Trust's professional nursing directorate these concerns were also escalated to the Chief Nursing Officer at DHSSPS with representation being made to increase locally funded training places. To assist with these processes for nursing, the Telford formula was deployed but enhanced by significant service specific considerations. As indicated above, the Belfast Trust's nursing and

operational directors were kept apprised regarding these recurring staff deficits as illustrated by discussions at the Core Group meeting held on 15 September 2015, which I have enclosed behind Tab 14 of the exhibit bundle.

83. A significant factor contributing to this concern was the rapid expansion of community based alternative employment accompanying the Regional Community Integration Project. It also reflected the uncertainty of some staff regarding the future of employment at the hospital due to the discharge of many longer-term residents.
84. In response to this I established and chaired a Workforce Strategy Steering Group. This forum included membership from all relevant Trade Unions, other Trusts, and senior MAH staff. It also included representation from the Belfast Trust's human resources and finance departments. Through this forum arrangements were made for regular joint briefings for all staff conducted jointly by the Senior Service Manager at MAH and a designated member of human resource's staff. Provision was also made for meetings with individual staff members with a particular focus and priority given to those working in resettlement wards scheduled for closure.
85. Specific assurances were provided about potential redeployment options across services with the Belfast Trust, but particularly within Learning Disability which had plans in place to significantly develop its community care provision both to assist with resettlement but also prevent future inappropriate hospital admissions. Working in partnership with other Trusts also facilitated awareness of other planned initiatives both in the statutory and voluntary sectors which may be of interest to staff. Staff feedback regarding this development was positive. The Terms of Reference and Minutes of an early Workforce Strategy Steering Group meeting held in June 2012 are enclosed behind Tabs 15 and 16 of the exhibit bundle respectively. Alongside this, and in recognition of the staffing pressures at MAH,

extraordinary arrangements were made for rolling recruitment processes to be expedited for vacancies at MAH.

86. As noted earlier in my response to question 7, during my period in post concerns regarding the skill mix available to the hospital within its staffing establishment and the lack of full general practitioner services were raised and escalated. These shortfalls were further highlighted through the comprehensive multi-disciplinary assessment processes required by the Community Integration Project and the hospital's unsuccessful attempts to secure the assistance of community resources from referring Trusts to assist with these processes. This concern was the subject of both formal and informal representations to the Health and Social Care Board to enhance the skill mix available to the hospital. The HSCB was supportive and while it was able to provide some short-term funding to assist with skill mix pressures, it was unable to provide this on a permanent revenue basis. Within this context the Belfast Trust, utilising its own resources, and in partnership with the Health and Social Care Board, was able to improve the skill mix at MAH through the deployment of additional nursing, social work, occupational therapy and psychology, as well as a small increase in medical consultant sessions to support the resettlement agenda.

87. In response to uncertainty regarding the configuration of MAH on the completion of resettlement, the Belfast Trust established a Hospital Modernisation Group during 2014. The remit of this group was to review the existing commissioning plan, which was for an eighty-seven bed hospital on the discharge of all remaining delayed discharge patients for whom the hospital was having to provide accommodation in the absence of discharge to alternative and more appropriate social care placements. The membership of this group included senior managerial and clinical staff and also representation from the Health and Social Care Board, the Public Health Agency, and other referring Trusts.

88. During its deliberations, this group coordinated an extensive analysis of admissions from 1 April 2009 to November 2015. On the basis of this analysis a phased draft plan was prepared during November 2015 outlining a vision of a future hospital of forty-seven (not eighty-seven) beds. I attach a copy of this draft plan behind Tab 17 of the exhibit bundle. This draft plan also highlighted the deficiencies in skill mix at the hospital and sought to address this in its proposals. This additionally reflected the Belfast Trust's frustration regarding the non-recurrent basis on which skill mix had been temporarily supplemented during the resettlement phase through strong representations to the commissioner, the Health and Social Care Board. This issue was also a recurring theme of RQIA inspections. The nature and extent of this issue is reflected in the minutes of the Hospital Modernisation Group's meeting held on 9 January 2015, 6 March 2015 and 19 June 2015, referred to earlier and enclosed behind Tab 12 of the exhibit bundle. The work of this group also reflected the continuing pressure on beds at MAH through continual new admissions and the lack of adequate community treatment and care services within all referring Trusts. I refer to the email dated 7 August 2015 behind Tab 3 of the exhibit bundle which I sent to the Health and Social Care Board alerting them again to acute bed pressures and that MAH was again at full capacity and could not safely contemplate any new admissions.

Question 13

Did MAH managers carry out regular data analysis and trend identification? If so, please explain how this was done.

89. My response to question 4 above details the range of information presented and considered at Core Group management meetings, Senior Management Team and LD Governance meetings and reflects information and records collated and contemporaneously reviewed by onsite hospital managers prior to its presentation at the above meetings.

Data Analysis

90. There are numerous examples of data analysis at meetings relating to MAH. I have enclosed several examples below.
91. The reports tabled at Core Group from July 2015, copies of which are enclosed behind Tab 6 in the exhibit bundle, illustrate the data analysed at this forum and I believe demonstrate the range of monthly and trend information presented for discussion and analysis.
92. Another example of interrogating the data can be seen in the minutes of Core Group from 3 April 2012, which are enclosed behind Tab 18 of the exhibit bundle. At this meeting, **H92** circulated a breakdown of the last three months of vulnerable adult referrals highlighting the trend information indicative over this period.

Trend Identification

93. Examples of trend analysis are also referred to in the minutes of Core Group and Governance meetings.
94. In the minutes of Core Group from 9 August 2011, which are enclosed behind Tab 19 of the exhibit bundle. Those present analysed the Seclusion Report from May 2011. The minutes state:

"The group looked through the Seclusion Report for Muckamore and Iveagh. Mrs Mitchell commented on how the length of seclusion has greatly reduced. The group noted Iveagh's seclusion has increased."

95. At the Learning Disability Governance meeting on 5 November 2015, the minutes for which are enclosed behind Tab 20 of the bundle, Mrs Mitchell presented a summary analysis of the Belfast Trust's quarterly complaints report, stating:

"Mairead advised that there had been 485 formal complaints within the Trust during April to June 2015, 39 of which had been in Adult Social and Primary Care. Mairead advised that responses to complaints within the 30 working day time limit had decreased slightly to 75%. Mairead continued that there had also been 46 general enquiries for Adult Social and Primary Care within the same quarter these continue to increase. Trends identified have included quality of care and treatment and staff attitude and behaviour. It was agreed that Mairead should also speak to Fiona Davidson regarding replicating the score card used for MH to analyse incidents, complaints etc for LD. "

96. At the same meeting, the incident report for August 2015 was thoroughly analysed:

"Those present noted the incident report for August 2015. Patricia advised that levels for abuse incidents (to both staff and patients) had returned to normal levels following an unexplained rise in June 2015. Those present were unsure of the reason for this and it was noted that the number of safeguarding incidents would not have reflected this."

97. I also refer back to the documents behind Tab 6 of the exhibit bundle, which I referred to at question 4 above which demonstrate trend information being collated in relation to incidents, seclusion and physical interventions and considered over a number of months with comparative data.

98. The above are merely some examples of how data was analysed and how trends were considered to inform what may be happening on the wards. Those present at the meetings made efforts through discussion to explain any discernible trends. By way of example, was an increase in incidents explained by the fact that staff were getting better at identifying an incident and reporting it (as was the case when the

Vulnerable Adult process was being introduced) or was the increase explained by the introduction of new patients to a ward that was previously settled. As and when necessary, issues were followed up outside the meeting forum as illustrated by internal emails from January 2013 included behind Tab 21 of the exhibit bundle.

99. I can recall that a recurring issue of concern in the reports we received related to a very small number of patients/residents accounting for an extremely high proportion of incidents despite assurances that such interventions had been reviewed through line management and were in accordance with regional policy and procedures. A major consideration of the Core Group was to also receive assurance that the Trust of origin and families of these patients were contemporaneously being kept fully apprised of this concern and promptly provided with information on any restrictive practise having to be deployed in relation to their relative/patient.

100. Similar information in relation to Vulnerable Adult referrals was collated at Core Group meetings also highlighting trend information. As referred to above, this was also reported annually in the Belfast Trust's Adult Safeguarding and Discharge of Statutory Functions Reports and contributed to the services successful bid to increase its social work staffing at MAH.

101. Other key trend information collated and routinely discussed included data in relation to the recruitment and retention of staff and the nature and circumstances of admissions to the hospital. Collation of this information was achieved through a range of sources including the scrutiny arrangements surrounding staff recruitment and the work of the hospital's Modernisation Group.

Question 14

What arrangements were in place at hospital level to monitor the use of seclusion at MAH?

102. This topic is addressed in my responses to questions 4 and 13.

Question 15

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 management level to address such concerns.

103. Procedures were in place for any concerns over the abuse of patients at MAH to be addressed through the Adult Safeguarding Policy and Procedures and the Trust's Disciplinary Procedure.

104. I recall that during my time in post as Co-Director the implementation of these procedures led to a number of staff within my areas, including at MAH, being subject to disciplinary investigations.

105. I can recall that these investigations led to a range of disciplinary sanctions up to and including dismissal, and that the mistreatment of patients was treated very seriously. However, I do not now have a recollection of individual cases and circumstances, other than the Ennis case addressed in my earlier statement. However, it would be important for the MAH Inquiry to examine and consider how the Learning Disability service of the Belfast Trust did respond to those cases, particularly if the MAH Inquiry is considering any suggestion that we were indifferent to the mistreatment of our patients. We were definitely not. If it would assist the MAH Inquiry I could seek access to all relevant records from the Belfast Trust.

106. I can also recall being made aware of a historical investigation of reported abuse at MAH. I understand that these reported concerns had largely occurred prior to the Millennium and the investigation referred to as Operation Selk had occurred prior to my time as Co-Director for Learning Disability. This investigation was led

by the police and the Health and Social Care Board which had managerial responsibility for MAH during the timescale of the reported concern through its legacy organisation, the Eastern Health and Social Services Board. I cannot recall any greater detail than that, as I was not involved in the investigation itself.


Question 16

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?

107. I do not consider that between this statement and the statement I made in relation to the Ennis Report that there is anything else I wish to add. I am obviously happy to assist the MAH Inquiry in any way I can.

Declaration of Truth

108. 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 asked me to give evidence.

Signed: 

Dated: 31 May 2024

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MAHI Muckamore Abbey Hospital Inquiry

MAHI Team
1st Floor
The Corn Exchange
31 Gordon Street
Belfast
BT1 2LG

11 March 2024

By Email Only

Mr John Veitch

Dear Mr Veitch

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 Co-Director of Hospital and Community Learning Disability Service in the 'MAH Core Group'.

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.

Please find enclosed a set of questions that the Panel wish to be addressed in your statement ("Questions for witnesses working in a management position at MAH"). 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 27 April 2024. Your statement should be uploaded to the Inquiry's document management platform BOX via the following link:

<https://mahinquiry.box.com/s/otu66qtgxwe7qidos2drf4zyo3k6x9e>

Should you have any issues accessing BOX please email 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.

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 working in a management position at MAH.



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

Questions for witnesses working in a management position at MAH

1. Please explain what your role was in the management of MAH and when you held that role? In doing so, please explain:
 - i. the cohort of staff for which you had leadership and/or management responsibility;
 - ii. the day to day responsibilities of your role.

2. If you had a role in the admission and discharge of patients to MAH, please explain:
 - i. How patients were referred for admission.
 - ii. Who was involved in the referral process.
 - iii. What factors impacted whether someone was able to stay at home or in the community or whether they were referred to MAH.
 - iv. Specifically, did lack of resources or delay in availability of support in the community impact on whether a patient was referred to MAH? If so, please explain.
 - v. Were other options to enable someone to remain at home or in the community always explored prior to the decision to admit them to MAH?
 - vi. How was it decided when a patient was ready for discharge from MAH?
 - vii. Were there patients at MAH for whom discharge was never considered? If so, why?

3. How regularly did management meetings take place at MAH? Who set the agenda for any such meetings? Were minutes always kept of such meetings?

4. Did MAH managers receive regular reports on:
 - i. The use of seclusion.
 - ii. The use of PRN medication.
 - iii. The use of physical intervention including MAPA.
 - iv. Safeguarding.
 - v. Complaints.

If yes, please explain who prepared any such reports and how any concerns identified from the reports were escalated.

5. What procedures or processes were in place to ensure co-production between MAH staff and relatives of patients at MAH?
6. What procedures or processes were in place to ensure co-production between MAH staff and community teams?
7. What were the arrangements for multi-disciplinary team working with patients at MAH?
8. What arrangements were in place at hospital level to monitor the implementation of and adherence to BHSCCT policies by staff at MAH?
9. What were the arrangements for clinical supervision of the practice of staff across all disciplines (including healthcare assistants) at MAH?
10. What were the performance management arrangements for all staff, including managers, at MAH?
11. What opportunities were available for the professional development of staff at MAH?
12. Did you have any role in workforce monitoring, planning and implementation to ensure the appropriate staffing levels and skill mix (and thereby to ensure safe care) at MAH? If so, please describe that role. Please also explain how any concerns about such matters were escalated.
13. Did MAH managers carry out regular data analysis and trend identification? If so, please explain how this was done.
14. What arrangements were in place at hospital level to monitor the use of seclusion at MAH?
15. 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 management level to address such concerns.
16. 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 AND SOCIAL CARE TRUST

MUCKAMORE ABBEY HOSPITAL

NOTES OF CORE GROUP MEETING

HELD ON TUESDAY 13 OCTOBER 2015

AT 9.15AM IN THE SMALL MEETING ROOM

Present: Mr John Veitch, Co-Director of Learning Disability Services (Chair)
Mrs Esther Rafferty, Senior Manager of Hospital Services
Dr Colin Milliken, Clinical Director

Apologies: Mrs Mairead Mitchell, Service Manager of Service Improvement & Governance

ACTION

PREVIOUS MINUTES

Previous minutes were taken as read.

MATTERS ARISING

Bed Management

Mrs Rafferty updated the group on the bed pressures. Position remains, she explained that there is a possibility with discharges that we could swap wards around, meeting taking place to discuss this, Mrs Rafferty feels that this may make the management of the beds more feasible.

Dr Milliken raised concerns about delayed discharge numbers increasing, he feels it is a patient safety issue for the Trust, Mr Veitch advised that this should be raised at the next Modernisation meeting and also with Dr O'Kane and Dr Jack. Mrs Rafferty informed the group that she raised the issue of Delayed Discharges at a recent Senior Midwifery Team and how there is no consistency in the Trust on how we deal with the Delayed Discharges. The group discussed this briefly. Mr Veitch emphasised that it this issue has been raised at every forum and how there is lack of funding availability for at least forty of the Delayed Discharge patients.

ACTION**GP Out Hours**

Mrs Rafferty spoke of meeting with Tracy Kennedy re GP OOH's Service. They want Muckamore to manage their own rota. Mr Veitch stated that we can not contemplate a change in the current process at present, he advised that they should ask for a meeting with the Board, Clinical Staff, Mrs Rafferty and Mr Ingram should be part of the meeting also.

Hospital Ward Staffing

Mrs Rafferty informed the group she has noted an improvement with new staff, numbers aren't comfortable yet but it is easier to cover shifts but it could improve further. Mrs Rafferty stated that an advertisement is going out again as not all posts were filled from last recruitment. Mrs Rafferty is going to amend the risk register as we not at critical levels anymore.

Dental Services

Mrs Rafferty informed the group that in the interim period, there will be assessment services only while Dental Services relocate, it will return to full treatment services when they have relocated.

Introduction of Solar Panels

Mrs Rafferty and Dr Milliken met with Estates and suggested that the solar panels would be placed on the Library Roof. Estates will come back to Mrs Rafferty if there is anything further.

Staff Illness

Mrs Rafferty informed the group that she met with Caroline Parkes and Sarah Meekin re staff illness at the Hospital. They have agreed to look at reflective sessions on site and also different types of events to support staff around stress management etc. Mrs Rafferty is going to speak to someone in the Quality Network to see if they have similar issues.

Annadale

Dr Milliken spoke about the target date for P306 moving to Annadale, he is concerned incase the target date moves, Mrs Rafferty discuss further with the Community Team.

ACTION

Moylena – SAI

Another SAI meeting is due to take place next week.

Patient Concerns

Mrs Rafferty informed the group that she has received the investigation report regarding this and appropriate action taken.

MONTHLY QUALITY MONITORING AND SUPERVISION REPORT

Mr Mills joined the group and circulated the above report for discussion.

The group looked through the report.

Mrs Rafferty explained that these reports are used in supervision with the Senior Nurse Manager's and then the Senior Nurse Manager uses it in supervision with Ward Manager's.

Mr Mills informed the group that QNIC Review in Sixmile went very well. There were 6 staff and 1 service user. Mr Mills feels that it was positive, there is a lot of work to do for accreditation and the official report is due very soon. The group discussed the visit. Mr Veitch advised that once we get the report, we sit down and work up the action plans to make every effort to proceed. Dr Milliken has received policies from Noel McDonald, he forward the policies onto Mr Mills.

Mr Veitch stated that he does not underestimate the work that has went into these visits.

Dr Milliken spoke about NHS standard funding for a low secure bed is £170k per bed. Mr Veitch advised that we need to look at the components of the funding and what this includes.

It was raised about Sixmile Assessment and Treatment being managed within one, which requires a lot of support from Ward Manager.

Mr Mills feels that it was a very positive experience as it boosted staff morale. Mr Mills will share the information. Mr Veitch said well done to everyone involved.

DATE, TIME AND VENUE OF NEXT MEETING

Tuesday 27 October 2015 at 9.15am in the Small Meeting Room, Admin Building, Muckamore.

Templer, Sara

From: Veitch, John <John.Veitch@belfasttrust.hscni.net>
Sent: 07 August 2015 15:01
To: Aidan Murray (Aidan.Murray@hscni.net); molly.kane@hscni.net
Cc: McNicholl, Catherine; Kerr, Hayley; 'Dunn, Alyson'; Crilly, Miceal (Miceal.Crilly@southerntrust.hscni.net); 'Veitch, Carole'; Harkin Rosaleen (rosaleen.harkin@westhealth.n-i.nhs.uk); OKane, Maria; Milliken, Colin; Rafferty, Esther; Morrison, Aine; Mitchell, Mairead; Harris, Lesley
Subject: FW: Bed Pressures Muckamore

Aidan / Molly

I regret to have to alert you again to the ongoing bed management pressures within the adult inpatient services at Muckamore Abbey Hospital, with particular reference to Core Hospital wards providing the acute admission service. At time of writing, and despite every effort being made to utilise available community resources to prevent admission and the use of every available inpatient bed, there are currently no beds available to facilitate any immediate admissions or to safely consider any additional capacity. Regrettably these difficulties appear to be primarily caused by the lack of movement of delayed discharge patients.

As you will be aware there are currently 42 delayed discharge patients in addition to the remaining PTL population currently awaiting community placements who are accommodated across all wards within the hospital. While plans are being developed for some of this group there remains a significant number in respect of whom no funding is currently available to facilitate discharge. The consequent impact is that a finite total of 35 beds is available for assessment and treatment.

Recently an extremely high number of service users are being presented almost on a daily basis for detained admission to the hospital and currently pass beds and on occasions sleeping out arrangements are having to be deployed to try to maintain a safe environment. Planned or non urgent admissions for medication changes or observation are having to be declined or deferred and in a number of incidents this is leading to crisis situations, additional pressures on carers and families and when admitted longer periods in hospital or possible detentions which could have been avoided. This pressure has increased significantly in recent weeks despite continuing routine discharges.

You should also be aware that Trust and Board representatives did recently meet as a regional group to explore a bed management protocol but consensus was that there are enough beds to manage our own pressures locally if delayed discharge patients received the same or similar level of priority that is currently afforded to the PTL population under the community integration project. It was also acknowledged that moving patients to another acute admission unit regionally was not desirable and would not for many patients provide a person centred or risk free solution.

Regrettably I have now been advised that the hospital has reached the point that it cannot at present safely facilitate any additional acute admissions pending an easement in the current bed pressures. We would therefore appreciate your urgent advice/comments and you will note that I have also shared this correspondence with colleagues in other Trusts as I suggest that in the immediate future there needs to be a regional approach to managing admissions when such an admission cannot be avoided.

We shall, of course, ensure that this issue remains the subject of close and continuous review and advise you immediately of any change in circumstances. Esther, Colin or I would be pleased to discuss further or provide you with any additional information required.

John

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MailMeter Message

Page 2 of 2

Hi John,

Please see the attached information for Friday afternoon's mtg should you wish to pre-circulate it prior to the meeting.

- **Time of Admission Analysis** for MAH in the year 13/14 and then for Admissions since August 2014.
- **Initial Qualitative analysis** carried out by Dr Judy Curran and Dr Carole Wilson on reviewing the admissions since 1st August 2014, which Brendan has forwarded through to me. They will be able to attend on Friday to take the group through their analysis.

The remit which Brendan & I gave them from our last meeting was as follows to review admissions in light of:

1. Initial Reason for Admission
2. Diagnosis (as available)
3. Medical Management Plan (Changes to / need for safety / night-time care required etc.)
4. Whilst subjective – from a medical opinion, could the admission have been preventable (e.g. a community service not yet available, placement breakdown prevention etc.)

I will bring copies of the information to the meeting in hard copy.

Let me know if there is anything further in the mean-time.

Fiona

*Fiona Davidson
Service Improvement Manager
Mental Health & Learning Disability Directorate
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028 95044039 (ext 44039)*

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Hospital Modernisation Group – Admissions Time of Admission Analysis

- This shows that in 2013-2014, of the 124 admissions, 72 or 58% were admitted outside Mon-Fri, 9 – 5pm, (19 of the 72 were admitted on a Saturday or Sunday).
- The 9 x August 2014 Admissions show 7 (78%) occurring outside Mon-Fri 9 - 5pm none were admitted on Saturday or Sunday.
- The 12 x September 2014 Admissions show 5 (42%) occurring outside Mon-Fri 9 -5pm none were admitted on Saturday or Sunday.
- Admissions outside Mon- Fri, 9-5pm incur up to the double admission time that Barry Mills had scoped and was included in the analysis report presented at the previous meeting.

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The Future Core Hospital – Review of NHSCT admissions to Cranfield, MAH during August to November 2014 with a medical opinion / view on the potential preventability of admission.

August

9 admissions
4 male, 5 female

4 BT, 3 NT, 2 SET

September

12 admissions
5 male, 7 female

3 BT, 6 NT, 3 SET

Diagnosis -13/21 (62%) – Situational Crisis

6/21 (28%) – Challenging behaviour

1/21 (5%) – Delusional disorder

1/21 (5%) – Depressive disorder

17/21 (81%) – No changes to medication

18/21 (86%) – Potentially avoidable admissions

October:

- 14 admissions
- 10 male, 4 female
- 6 BT, 5 NT, 3 SET

November:

- 10 admissions
- 3 male, 7 female
- 2 BT, 4 NT, 4 SET

Diagnosis:

- Situational Crisis -9
- Challenging behaviour – 9
- Substance related – 2
- Physical illness – 2
- Relapse of Schizophrenia – 2
- Inappropriate Sexual Behaviour – 1
- Uncertain - 1

12/24 (50%) – No changes to medication

18/24 (75%) – Potentially avoidable admissions.

The Future Core Hospital – Review of NHSCT admissions to Cranfield, MAH during August to November 2014 with a medical opinion / view on the potential preventability of admission.

Review of August Admissions

Patient Identifier	Trust	Initial reason for admission	Diagnosis	Medical Management Plan	Could the admission have been prevented?
P261 Female	NT	Suicidal ideation	Situational Crisis	No change to medication, support from nursing staff	Yes- if had available CRHTT, mental health assessment
P262 Female	NT	Suicidal ideation	Situational Crisis	No change to medication, support from nursing staff	Yes – if had CRHTT, mental health assessment
P263 Male	NT	Suicidal ideation, alcohol misuse, intimidation in local area	Situational Crisis	No change to medication, referral for alcohol and drug counselling on discharge	Yes – if had CRHTT, mental health assessment, respite bed may have been beneficial

Review of September Admissions

Patient Identifier	Trust	Initial reason for admission	Diagnosis	Medical Management Plan	Could the admission have been prevented?
P261 Female	NT	Suicidal ideation, overdose 1 week previously	Situational Crisis	No change to medication, staff support	Yes – if had CRHTT, mental health assessment
P264 Male	NT	Suicidal ideation, TSH, thoughts of harming others, significant forensic history	Situational Crisis	No change to medication, alternative accommodation sought	Yes – if had CRHTT, mental health assessment, respite
P262 Female	NT	Suicidal ideation, overdose in the previous week	Situational Crisis	No change to medication, staff support	Yes – If had CRHTT, mental health assessment, respite
P265 Female	NT	TLNWL, suicidal ideation	Situational Crisis	No change to medication, staff support	Yes – if had CRHTT, mental health assessment, respite
P266 Male	NT	Challenging Behaviour	Challenging Behaviour	No change to medication, staff support	Yes – breakdown of placement, increased community support, staff training, alternative accommodation, respite
P262 Female	NT	Suicidal ideation	Situational crisis	No change to medication, staff support	Yes – with CRHTT, mental health assessment, respite

The Future Core Hospital – Review of NHSCT admissions to Cranfield, MAH during August to November 2014 with a medical opinion / view on the potential preventability of admission.

Review of Oct Admissions

Patient Identifier	Trust	Initial reason for admission	Diagnosis	Medical Management Plan	Could the admission have been prevented?
P267 Male	NT	Challenging behaviour, physical aggression towards staff and property	Challenging behaviour	No change to medication, support from nursing staff, settled on admission to ward	No – Given level of aggression, had increased input from PBST, increase in staff levels, change in medication prior to admission
P268 Female	NT	Refusing medication, auditory hallucinations and delusions	Relapse of schizophrenia	Haloperidol recommenced and increased, support from nursing staff	No – lives alone, non-concordance with medication
P269 Male	NT	TLNWL, SI, increase in offending behaviour	Inappropriate sexual behaviour	No evidence of mental illness, commenced on cyproterone acetate, nursing support	Possibly if mental health assessment available
P270 Female	NT	Physical aggression, not eating or drinking	Underlying pain from knee and wrist, challenging behaviour	Increase in analgesia, support from nursing staff	Yes if underlying physical issues addressed, PBST, increased staff education
P271 Male	NT	SIB, destructive of property, not eating	Underlying physical health condition – LRTI, T/F to AAH in days following admission	Benzodiazepines reduced, Risperidone stopped, required prolonged course of IV antibiotics in AAH, support from nursing staff	Yes if underlying physical health condition identified, staff education

Review of Nov Admissions

Patient Identifier	Trust	Initial reason for admission	Diagnosis	Medical Management Plan	Could the admission have been prevented?
P272 Female	NT	Risk taking behaviour, vulnerable	Situational Crisis	No change to medication, nursing support	Yes – if had CRHTT, more robust community placement
P262 Female	NT	Low mood, DSH, upcoming court case	Situational Crisis	No change to medication, support from nursing staff	Yes- if CRHTT, mental health assessment, respite
P262 Female	NT	TSH, SI, court case	Situational Crisis	No change to medication, support from nursing staff	Yes – if had CRHTT, mental health assessment, respite
P273 Male	NT	Sexual disinhibition, physical aggression, poor sleep	Challenging Behaviour	No change to medication, support from nursing staff	Possibly if more intensive PBST, respite, settled immediately on admission

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Modernising the Hospital – Review of admissions to Cranfield during August to November 2014

August 2014

9 admissions

4 male, 5 female

4 BT, 3 NT, 2 SET

September 2014

12 admissions

5 male, 7 female

3 BT, 6 NT, 3 SET

October 2014:

- 14 admissions
- 10 male, 4 female
- 6 BT, 5 NT, 3 SET

November:

- 10 admissions
- 3 male, 7 female
- 2 BT, 4 NT, 4 SET

August & September 2014

Diagnosis -13/21 (62%) – Situational Crisis

6/21 (28%) – Challenging behaviour

1/21 (5%) – Delusional disorder

1/21 (5%) – Depressive disorder

17/21 (81%) – No changes to medication

18/21 (86%) – Potentially avoidable admissions

Oct & Nov 2014

Diagnosis:

- Situational Crisis -9
- Challenging behaviour – 9
- Substance related – 2
- Physical illness – 2
- Relapse of Schizophrenia – 2
- Inappropriate Sexual Behaviour – 1
- Uncertain - 1

12/24 (50%) – No changes to medication

18/24 (75%) – Potentially avoidable admissions

Review of August Admissions

Patient Identifier	Trust	Initial reason for admission	Diagnosis	Medical Management Plan	Could the admission have been prevented?
001_Male	BT	Accommodation issues, intimidation from local residents re alleged inappropriate sexual activity	Situational Crisis	No change to medication	Yes – Remained on ward less than 24 hours, SW found suitable hostel accommodation
002_Male	BT	Challenging behaviour	Challenging behaviour and Schizophrenia	No change to medication, support from nursing staff	Yes – with increased support from community team, PBST
003_Female	BT	Challenging behaviour	Challenging behaviour	Changes to medication made, support from nursing staff	No – required period of assessment
004_Male	BT	Challenging behaviour	ASD and Challenging behaviour	Changes to medication made	No – given level of physical aggression
005_Female	NT	Suicidal ideation	Situational Crisis	No change to medication, support from nursing staff	Yes- if had available CRHTT, mental health assessment
006_Female	NT	Suicidal ideation	Situational Crisis	No change to medication, support from nursing staff	Yes – if had CRHTT, mental health assessment
007_Male	NT	Suicidal ideation, alcohol misuse, intimidation in local area	Situational Crisis	No change to medication, referral for alcohol and drug counselling on discharge	Yes – if had CRHTT, mental health assessment, respite bed may have been beneficial
008_Female	SET	TLNWL, threats of self-harm in context of alcohol intoxication	Situational Crisis	No change to medication, support from nursing staff	Yes – if had CRHTT
009_Female	SET	DSH, TLNWL, suicidal ideation	Situational crisis on a background of chronic dysthymia	Hypnotic commenced, support from nursing staff	Yes – if had CRHTT, respite bed may have been beneficial


Review of September Admissions

Patient Identifier	Trust	Initial reason for admission	Diagnosis	Medical Management Plan	Could the admission have been prevented?
010_Female	SET	TLNWL, suicidal ideation, psychotic illness	Delusional disorder	No change to medication, staff support	No
011_Female	NT	Suicidal ideation, overdose 1 week previously	Situational Crisis	No change to medication, staff support	Yes – if had CRHTT, mental health assessment
012_Male	NT	Suicidal ideation, TSH, thoughts of harming others, significant forensic history	Situational Crisis	No change to medication, alternative accommodation sought	Yes – if had CRHTT, mental health assessment, respite
013_Male	BT	TLNWL, suicidal ideation	Situational Crisis	No change to medication, CTMA after few hours	Yes – if had CRHTT
014_Female	NT	Suicidal ideation, overdose in the previous week	Situational Crisis	No change to medication, staff support	Yes – If had CRHTT, mental health assessment, respite
015_Male	SET	Challenging behaviour	Challenging behaviour	Medication changes, staff support	Potentially if community team had of been contacted earlier prior to crisis, level of physical aggression
016_Female	NT	TLNWL, suicidal ideation	Situational Crisis	No change to medication, staff support	Yes – if had CRHTT, mental health assessment, respite
017_Female	BT	TLNWL, suicidal ideation, low mood	Situational Crisis with a background of chronic dysthymia	No change to medication, staff support	Yes- if had CRHTT, respite
018_Male	SET	Challenging behaviour – sexually inappropriate behaviour	Challenging behaviour	No change to medication, alternate accommodation found, staff in	Possibly with more community support, staff training CRHTT

				placement felt unable to meet his needs	
019_Female	BT	Low mood, reduced oral intake	Depressive episode	No change to medication (antidepressant was changed 2 weeks prior to admission)	Potentially with CRHTT but concerns re oral intake
020_Male	NT	Challenging Behaviour	Challenging Behaviour	No change to medication, staff support	Yes – breakdown of placement, increased community support, staff training, alternative accommodation, respite
021_Female	NT	Suicidal ideation	Situational crisis	No change to medication, staff support	Yes – with CRHTT, mental health assessment, respite

Review of Oct Admissions

Patient Identifier	Trust	Initial reason for admission	Diagnosis	Medical Management Plan	Could the admission have been prevented?
022_Male	BT	Accommodation issues, aggression in hostel, polysubstance misuse, SI, TLNWL	Situational Crisis, polysubstance misuse	No change to medication, support from nursing staff, brief intervention re alcohol and substance misuse	Possibly with CRHTT, respite
023_Female	BT	Overdose with alcohol on board, on-going SI	Situational crisis	No change to medication, support from nursing staff	Possibly if mental health assessment available, CRHTT, respite
024_Male	BT	SI	Situational crisis	No change to medication, support from nursing staff, increased social	Possibly with CRHTT support


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				activities	
025_Male	BT	Agitated, verbal aggression, history of psychosis, admitted for assessment of mental state	Situational Crisis	No change to medication, support from nursing staff	Possibly if CRHTT
026_Male	BT	Physical aggression, challenging behaviour	Challenging behaviour	Commenced on antipsychotic medication, support from nursing staff	Possibly if more intensive PBST input available, training for residential staff
027_Male	NT	Challenging behaviour, physical aggression towards staff and property	Challenging behaviour	No change to medication, support from nursing staff, settled on admission to ward	No – Given level of aggression, had increased input from PBST, increase in staff levels, change in medication prior to admission
028_Female	NT	Refusing medication, auditory hallucinations and delusions	Relapse of schizophrenia	Haloperidol recommenced and increased, support from nursing staff	No – lives alone, non - concordance with medication
029_Male	NT	TLNWL, SI, increase in offending behaviour	Inappropriate sexual behaviour	No evidence of mental illness, commenced on cyproterone acetate, nursing support	Possibly if mental health assessment available
030_Male	SET	Psychotic symptoms, threatening towards elderly mother	Relapse of schizophrenia	Increase in antipsychotic medication	No – poor concordance with medication, risk towards mother
031_Male	BT	SI, TLNWL, mixed OD, alcohol and polysubstance misuse	Situational crisis	No change to medication, support from nursing staff, a/w bed in Carlisle House prior to admission	Yes if CRHTT
032_Female	NT	Physical aggression, not eating or drinking	Underlying pain from knee and wrist, challenging	Increase in analgesia, support from nursing staff	Yes if underlying physical issues addressed,

			behaviour		PBST, increased staff education
033_Male	SET	Physical aggression, challenging behaviour	Challenging behaviour	SSRI reduced, support from nursing staff	No given level of aggression
034_Male	NT	SIB, destructive of property, not eating	Underlying physical health condition – LRTI, T/F to AAH in days following admission	Benzodiazepines reduced, Risperidone stopped, required prolonged course of IV antibiotics in AAH, support from nursing staff	Yes if underlying physical health condition identified, staff education
035_Female	SET	Agitation, poor sleep, reduced PO intake	Challenging behaviour	Medication changed to slow release and dose increased, support from nursing staff	Yes with CRHTT

Review of Nov Admissions

Patient Identifier	Trust	Initial reason for admission	Diagnosis	Medical Management Plan	Could the admission have been prevented?
036_Female	SET	Physical aggression, challenging behaviour	Challenging Behaviour	Increased dose of antipsychotic, support from nursing staff	Yes if intensive PBST, staff training
037_Female	BT	Paranoid ideation, TDSH, depressive symptoms	? Depressive episode,? Cognitive impairment	Commenced on Zopiclone and Sertraline, support from nursing staff	No - Concerns re road safety, unusual presentation benefitting from period of inpatient assessment
038_Female	BT	SI, auditory and visual hallucinations, alcohol misuse	Mental and Behavioural Disorder due to the use of alcohol	Alcohol detox with Librium and thiamine, nursing support, signposting to Addiction services	Yes – if had CRHTT
039_Female	NT	Risk taking behaviour,	Situational Crisis	No change to medication,	Yes – if had CRHTT, more

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		vulnerable		nursing support	robust community placement
040_Female	NT	Low mood, DSH, upcoming court case	Situational Crisis	No change to medication, support from nursing staff	Yes- if CRHTT, mental health assessment, respite
041_Female	NT	TSH, SI, court case	Situational Crisis	No change to medication, support from nursing staff	Yes – if had CRHTT, mental health assessment, respite
042_Male	NT	Sexual disinhibition, physical aggression, poor sleep	Challenging Behaviour	No change to medication, support from nursing staff	Possibly if more intensive PBST, respite, settled immediately on admission
043_Female	SET	SI	Situational Crisis	No change to medication, support from nursing staff	Yes - if had CRHTT, mental health assessment, respite
044_Male	SET	Challenging Behaviour, destructive of property, complex relationship with mother	Challenging Behaviour	No change to medication, support from nursing staff	Possibly with extra staff, more input from PBST, stricter boundaries in place re mother, telephoning and visiting at inappropriate times of the day
045_Male	SET	Readmission less than 24 hours following discharge, physically aggressive, destructive of property	Challenging Behaviour	No change to medication	No – alternative placement required

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respect & dignity



openness & trust



leading edge



learning & development



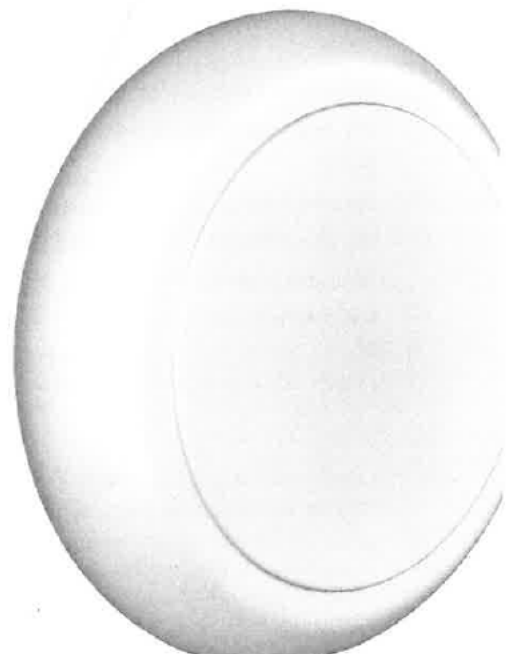
accountability

Adult, Social & Primary Care Directorate, Learning Disability Service Group

MAH Hospital Modernisation Group -
Subgroup Report

An Analysis of Patient Admissions Data for Muckamore
Abbey Hospital 01/04/2009 – 31/03/2015 & Apr – Nov 15

AUGUST 2014
UPDATED JANUARY 2016





Learning Disability Service Group

SECTION 1.

Background to the Current Scoping Analysis Exercise:

The DHSSPS Priorities for Action Document 2001/2002 set the objective;

'To agree a business case for the re-development of Muckamore Hospital'

A regional steering group oversaw the development of the business case entitled - *The Development and Continuing Provision of Specialist Treatment Services for People with a Learning Disability at Muckamore Abbey Hospital.* In January 2002 the bed complement of MAH was detailed as in **Fig A¹**. below:

Function	Bed Nos.	Commissioning Boards
Treatment Beds	180	EB, NB, WB, SB
Children's Unit	16	EB, NB
Adult Respite Beds	6	EB, NB
Re-Settlement Beds	179	EB, NB, WB, SB
Total	381	

In line with the Capital Investment Manual the full business case appraised 9 options. Within Option 9 (preferred option, new build) a future core hospital complement of 115 beds was prescribed, see **Fig B** below.

Treatment Category	Beds
Assessment / Male Mental Disorder	14
Assessment Male Forensic	7
Treatment Male Mental Illness	16
Assessment / Female Mental Disorder	15
Intensive Support	6
Treatment Female / Mental Illness	16
Forensic Treatment Male	16
Treatment / Female Severe Challenging Behaviours	6
Treatment / Male Severe Challenging Behaviours	7
Assessment & Treatment / Female Profound	5
Assessment & Treatment / Male Profound	7
Total	115

The Commissioning allocation of the future bed complement was specified as in **Fig. C** and the bed complement further summarised in **Fig D**;

Fig. C		Fig. D		<u>Summarised Bed Complement</u>
Eastern Board	70 beds	Assessment of Mental Disorder		29 Beds
Northern Board	35 beds	Treatment Mental Illness		32 beds
Western Board	5 Beds	Medium & Low Secure Forensic Beds		23 beds
Southern Board	<u>5 Beds</u>	Intensive Support		6 beds
	115 Beds	Challenging Behaviours		13 beds
		Profoundly Handicapped		<u>12 beds</u>
		Total		115 beds

¹ Source for all figurative (Fig) insertions is - Business Case – Muckamore Abbey Hospital 2002.



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Following the development of the full business case further discussions between the Dept. and Commissioners resulted in a further validation of hospital beds in learning disability being issued to North & West Belfast Trust (DHSSPS letter of 15/06/2005). This reduced the core hospital complement to 87 beds, to include 19 Forensic beds on the following basis;

EHSSB 50 Beds (including 8 forensic beds)	Assessment / Treatment & C/B	68
NHSSB 31 beds (including 5 forensic beds)	Forensic	<u>19</u>
SHSSB 4 beds (forensic)	Total	87
WHSSB <u>2 beds</u> (forensic)		
Total	87 Beds	

Strategic & Policy Context to Current Exercise

Since the DHSSPS Priorities for Action Document 2001/2002 and the above referenced Business Case, a number of departmental policies have confirmed the strategic direction of travel. This direction requires that hospital settings are no longer considered appropriate, long term domicile settings, for individuals.

1. The Bamford Review (2005)
2. Equal Lives (2007)
3. Transforming Your Care (TYC) (2011 and Post Consultation, 2013)

The process of re-settling patients from long stay hospital institutions has been on-going therefore, for the larger part of two decades, and continually re-affirmed as health and social care policy.

TYC established a final re-settlement deadline for this process of March 2015. All Health and Social Care Trusts have therefore been undertaking the necessary discharge planning and community support options necessary to ensure that PTL (Priority Target List) and DD (Delayed Discharge) populations are planned for re-settlement within this time frame. Alongside this process of re-settlement a further examination of the future assessment and treatment needs of a core hospital for the learning disability population is required to ensure that the appropriate in-patient services are available, in MAH, post March 2015.

A Hospital Modernisation Group, was established in early 2014 by the Co-Director for Learning Disability. This group at it's June meeting requested an analysis of MAH in-patient activity over the 5 year period, (01/04/2009 – 31/04/2014), in order to inform the groups' discussions and any proposals for the re-configuration of in-patient services post 2015. At the modernisation group meeting on 20/06/14 a scoping sub-group was established, comprising Esther Rafferty, Service Manager, Barry Mills Clinical and Therapeutic Services Manager, Brendan Ingram Business and Service Improvement Manager, MAH and Fiona Davidson, Service Improvement Manager (SIM). The SIM to provide project support and data analysis for the sub-group report and this report, to be available to the modernisation group, prior to it's next mtg on 22/08/2014.



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SECTION 2. INFORMATION ANALYSIS SUMMARY - Conclusions from the 5 Year Data Analysis

- An Average of **89 patients** generate **120 admissions to MAH per year** (Table 1.0., pg. 3)
- **46% of patients** are in the **25-44 yrs.** Category (Table 2.0, pg. 3)
- 85% of admissions are from patient's home / usual residence (Table 3.0., Pg. 4)
- **76% of admissions** have a **length of stay of less than 3 months** (Table 4.0., Pg. 4)
- The **gender split** of patient's admitted is **48% female / 52% male** (Table 5.0., Pg. 4)
- Of the three Trusts - NHSCT, BHSCT & SEHSCT, NHSCT had fewest total patients admitted but the most total admissions over the period. (Table 6.0., Pg. 5)
- **40%** of admissions are **detained** and **60% voluntary**. (Table 7.0., Pg. 5)
- **26%** of admissions are **re-admissions** (Table 8.0., Pg. 5)
- **16%** of admissions **take place on a Friday** as opposed to an expected **14% average**. (Table 9.0., Pg. 6). Weekend & Out of Hours admissions take twice as long to complete.
- Of admissions **lasting less than 1 mth**, **38%** are **NHSCT**, **31% SEHSCT** and **30% BHSCT**, **1% S & WHSCT**. (Table 10.0., Pg. 8).

SECTION 3. DETAILED INFORMATION ANALYSIS FOR MAH – Current Patient Profile and Admissions Information Analysis – 1st April 2009 – 31st March 2015 (6 year period) and updated to Apr – Nov 15.²

Please note that for each year of in-patient data the admission activity for Iveagh and Sixemile below was omitted.

Year / Ward	Iveagh Admissions	Sixemile Admissions
01/04/13 – 31/03/14	6	2
01/04/12 – 31/03/13	14	2
01/04/11 – 31/03/12	6	5
01/04/10 – 31/03/11	4	2
01/04/09 – 31/03/10	0	3

Table 1.0 below details the **total patient & admission activity** for the period under review.

No. Patients & Admissions P.A.	Apr 15 – Nov 15	Apr 14 – Mar 15	Apr 13 – Mar 14	Apr 12 – Mar 13	Apr 11 – Mar 12	Apr 10 – Mar 11	Apr 09 – Mar 10	6 Year Average
No of Patients	57	81	87	90	93	92	93	89
No of Admissions	68	119	124	128	123	113	116	120

In the period April 09 to March 15, 256 of the 536 patients required 723 admissions to MAH hospital, an average of 89 patients and 120 admissions per year.

² Information provided by Alison Kernohan, GAA Medical records to Brendan Ingram, Business and Service Improvement Manager, MAH and analysed by R Houston and F Davidson.

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Table 2.0 below details the patient age profile for the period under review.

No. Patients & Admissions P.A.	Apr 14 – Mar 15	Apr 14 – Mar 15	Apr 13 – Mar 14	Apr 12 – Mar 13	Apr 11 – Mar 12	Apr 10 – Mar 11	Apr 09 – Mar 10	6 Year Total
18-24 yrs.	26	13	18	17	21	20	10	99
25 – 44 yrs.	21	38	38	42	41	43	42	244
45 – 64 yrs.	19	29	30	30	29	27	37	182
65 – 74 yrs.	1	1	1	0	1	2	3	8
75+ yrs.	0	0	0	1	1	0	1	3
Total	57	81	87	90	93	92	93	536

In the period April 09 to March 15, 244 of the 536 patients admitted to MAH hospital were in the 25-44 yrs. age category or 46%.

Table 3.0 below details the number of admissions per annum by source of admission.

Source of Admission	14/15	13/14	12/13	11/12	10/11	09/10
Usual Residence	69	57	59	58	63	64
Hospital (Gen), A & E		19	10	22	2	14
Temporary Place of Residence		2	3	1	2	0
Kimberley House		4	7	7	4	6
Blair Lodge		3	2	0	3	0
Shaw's Avenue		0	6	4	1	2
Croft Community		3	2	1	1	2
The Courtyard		3	5	3	4	2
Other Funded Place	50	30	34	24	28	26
Other		3	0	3	5	0
Total	119	124	128	123	113	116

Table 4.0 below details the length of stay profile for the period under review. 76% of admissions have a length of stay < 3months

Length of Stay	Apr 14 – Mar 15	Apr 14 – Mar 15	Apr 13 – Mar 14	Apr 12 – Mar 13	Apr 11 – Mar 12	Apr 10 – Mar 11	Apr 09 – Mar 10	6 Year Total
0 Days	0	2	2	0	1	0	0	5
1 – 7 days	12	34	22	31	21	21	15	144
8 – 31 days	30	46	43	47	56	38	41	271
32 – 91 days	6	15	28	30	23	20	22	138
3 – 12 mths (<365 days)	2	4	11	11	12	18	23	79
365 to < 730 days	0	0	0	3	4	6	5	18
730 to < 1095 days	0	0	0	0	0	4	3	7
1095 to <1460 days	0	0	0	0	0	1	1	2
4 Yrs. +	0	0	0	0	0	0	1	1
Not Yet Discharged	18	18	18	6	6	5	5	58
Total	70	119	124	128	123	113	116	732

In the next section, total patient and admission data is additionally profiled by HSCT.



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Table 5.0 below details the patient gender by HSCT.

(For Information, note the current MAH bed complement by gender is 38 male, 24 female)

Gender/ Trust	Apr15- Nov 15		Apr14 – Mar 15		Apr 13 – Mar 14		Apr 12 – Mar 13		Apr 11 – Mar 12		Apr 10 – Mar 11		Apr 09 – Mar 10	
	F	M	F	M	F	M	F	M	F	M	F	M	F	M
BHSCT	13	6	14	18	16	12	14	19	13	20	16	15	14	12
SEHSCT	8	7	12	8	12	11	14	11	18	13	14	21	16	22
NHSCT	12	10	14	15	17	18	18	13	12	17	12	12	8	19
SHSCT	0	0	0	0	1	0	0	1	0	0	1	0	0	0
WHSCT	1	0	0	0	0	0	0	0	0	0	0	1	1	1
Sub-Total	34	23	40	41	45	42	46	44	43	50	43	49	39	54
Total Patients	57		81		87		90		93		92		93	

In the period April 09 to March 15, 256 of the 536 patients (48%) were female and 280 patients were male (52%). With 61% beds designated male and 39% designated female.

Table 6.0 below details the number of patients and admissions by HSCT.

	Apr 15- Nov 15		Apr 14- Mar 15		Apr 13- Mar 14		Apr 12- Mar 13		Apr 11- Mar 12		Apr 10- Mar 2011		Apr 09- Mar 10	
	Pts.	Adm.	Pts.	Adm.	Pts.	Adm.	Pts.	Adm.	Pts.	Adm.	Pts.	Adm.	Pts.	Adm.
BHSCT	19	20	32	42	28	34	33	49	33	43	31	41	26	31
SEHSCT	15	17	20	29	23	32	25	30	31	37	35	41	38	54
NHSCT	22	30	29	48	35	57	31	48	29	43	24	29	27	29
SHSCT	0	0	0	0	1	1	1	1	0	0	1	1	0	0
WHSCT	1	1	0	0	0	0	0	0	0	0	1	1	2	2
Total	59	68	88	119	87	124	90	128	93	123	92	113	93	116



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Table 7.0. below details the nature of the admission, detained (*Det*) or voluntary (*Vol*) by HSCT.

	Apr15- Nov 15		Apr14 – Mar 15		Apr 13 – Mar 14		Apr 12 – Mar 13		Apr 11 – Mar 12		Apr 10 – Mar 11		Apr 09 – Mar 10	
	<i>Det.</i>	<i>Vol.</i>	<i>Det.</i>	<i>Vol.</i>	<i>Det.</i>	<i>Vol.</i>	<i>Det.</i>	<i>Vol.</i>	<i>Det.</i>	<i>Vol.</i>	<i>Det.</i>	<i>Vol.</i>	<i>Det.</i>	<i>Vol.</i>
<i>BHSCT</i>	11	9	19	23	16	18	19	30	18	25	19	22	12	19
<i>SEHSCT</i>	5	12	8	21	14	18	13	17	16	21	19	22	21	33
<i>NHSCT</i>	5	25	14	34	18	39	20	28	15	28	14	15	13	16
<i>SHSCT</i>	0	0	0	0	0	1	0	1	0	0	0	1	0	0
<i>WHSCT</i>	0	1	0	0	0	0	0	0	0	0	1	0	0	2
<i>Sub-Total</i>	21	47	41	78	48	76	52	76	49	74	53	60	46	70
Total	68		119		124		128		123		113		116	

In the period April 09 to March 15, 256 of the 536 patients (48%) were female and 280 patients were male (52%). With 61% beds designated male and 39% designated female.

Table 8.0. below details the number of patients re-admitted by HSCT.

In the period April 09 to March 15, 187 of the 723 admissions were re-admissions or 26%.

	Apr15- Nov 15			Apr14 – Mar 15			Apr 13 – Mar 14			Apr 12 – Mar 13			Apr 11 – Mar 12			Apr 10 – Mar 11			Apr 09 – Mar 10		
	<i>Pt s.</i>	<i>Re- ad</i>	<i>To tal</i>	<i>Pt s.</i>	<i>Re- ad</i>	<i>To tal</i>	<i>Pt s.</i>	<i>Re- ad</i>	<i>To tal</i>	<i>Pt s.</i>	<i>Re- ad</i>	<i>To tal</i>	<i>Pt s.</i>	<i>Re- ad</i>	<i>To tal</i>	<i>Pt s.</i>	<i>Re- ad</i>	<i>To tal</i>	<i>Pt s.</i>	<i>Re- ad</i>	<i>total</i>
<i>BHSCT</i>	1	1	2	7	10	17	4	6	13	9	16	26	5	10	15	7	10	17	3	5	8
<i>SEHSCT</i>	2	2	4	7	9	16	6	9	17	4	5	9	6	6	12	5	6	11	11	16	27
<i>NHSCT</i>	5	8	13	6	19	25	8	22	33	10	16	26	7	14	21	3	5	8	2	2	4
<i>SHSCT</i>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<i>WHSCT</i>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<i>Sub-Total</i>	8	11	19	20	38	61	18	37	55	23	37	60	18	31	48	15	21	36	16	23	39
Total	11 of 70 admissions			38 of 119 admissions			37 of 124 admissions			37 of 128 admissions			31 of 123 admissions			21 of 113 admissions			23 of 116 admissions		

Learning Disability Service Group

Table 9.0. below details the number of admissions per year at a weekend, Monday or Friday or within 3 days of a bank holiday period.

Year / Admission	Mon Admission	Fri Admission	Weekend Admission	Within 3 days of BH	Total Admissions on these days /Admissions P.A.
Apr15/Nov15	10	11	12	6	39 of 68
14/15	15	16	11	7	49 of 119
13/14	23	24	19	10	76 of 124
12/13	16	14	24	8	62 of 128
11/12	20	21	14	6	61 of 123
10/11	10	21	20	5	56 of 113
09/10	19	22	12	6	59 of 116
Total (excl. Apr/Nov 15)	103	118 (16%)	100	42	360 of 732 (49%)

Note: On the basis of probability the average no. of admissions per day is= 732/7 or **105**. Therefore, Friday admissions, at 118 are slightly higher than the probability, and Monday and Weekend admissions are lower at 103 and 100 admissions respectively.

As the sub-group reviewed the admissions pattern it became clear however that **weekend and emergency admissions** outside Monday – Friday 9am – 5pm take on average **twice** as long to complete. It is also probable, (though would require time of admission reports to be generated to confirm) that the majority of Friday admissions could be taking place after 5pm. The clinical and therapeutic manager for MAH has undertaken a short scoping exercise to quantify the factors influencing this time difference;

1. Admission within normal working hours requires approximately **2 ½ - 3 hours** to complete full admission process (this does not include the completion of a full Nursing Care Plan).
2. Approximate time for completion of admissions outside of working hours is **5 hours**.

Causes of increase in admission time are:-

- No medical staff on site outside of daily working hours and weekends;
- Limited information available, particularly if it is a first admission and if the medical notes are stored in Belfast;
- Unable to contact patient’s community support staff for additional information;
- Risk assessment and CRA’s can be difficult to update and access information outside of normal working hours.

Learning Disability Service Group

Table 10.0. below details the number of admissions by HSCT with <1 mth length of stay.

Apr15/Nov15 Trust/Length of Stay	0 Days	≤ 7 Days	8-31 days	Total
<i>NHSCT</i>	0	6	16	22
<i>BHSCT</i>	0	4	6	10
<i>SEHSCT</i>	0	2	7	9
<i>WHST</i>	0	0	1	1
14/15 Trust/ Length of Stay	0 Days	≤ 7 Days	8-31 days	Total
<i>NHSCT</i>	0	18	17	35
<i>BHSCT</i>	2	10	15	27
<i>SEHSCT</i>	0	6	14	20
<i>WHST</i>	0	0	0	0
13/14 Trust / Length of Stay	0 Days	<7 days	8 – 31 days	Total
<i>NHSCT</i>	2	14	23	39
<i>BHSCT</i>	0	3	8	11
<i>SEHSCT</i>	0	5	12	17
12/13 Trust / Length of Stay	0 Days	<7 days	8 – 31 days	Total
<i>NHSCT</i>	0	11	17	28
<i>BHSCT</i>	0	16	12	28
<i>SEHSCT</i>	0	4	17	21
<i>SHSCT</i>	0	0	1	1
11/12 Trust / Length of Stay	0 Days	<7 days	8 – 31 days	Total
<i>NHSCT</i>	1	9	19	29
<i>BHSCT</i>	0	11	16	27
<i>SEHSCT</i>	0	2	21	23
10/11 Trust / Length of Stay	0 Days	<7 days	8 – 31 days	Total
<i>NHSCT</i>	0	5	9	14
<i>BHSCT</i>	0	7	14	21
<i>SEHSCT</i>	0	8	13	21
<i>WHST</i>	0	0	1	1
09/10 Trust / Length of Stay	0 Days	<7 days	8 – 31 days	Total
<i>NHSCT</i>	0	2	13	15
<i>BHSCT</i>	0	3	9	12
<i>SEHSCT</i>	0	10	19	29

In the period April 09 to March 15, 419 or 57% of admissions has a length of < 1mth. 160 admissions were NHSCT (38%), 126 were BHSCT (30%) and 131 were SEHSCT (31%) of the 536 patients (48%) were female and 280 patients were male (52%).

Learning Disability Service Group

Table 10. concludes the retrospective 6 year data analysis as requested by the Hospital Modernisation Group.

SECTION 3.

Additional Information Relevant to Planning the Future Core Complement

Alongside the conclusions of the 5 year data analysis summary provided in Section 2, page 3, current hospital activity levels show the following;

- At mid July 2014 the number of patients in active treatment is 44.
- At mid July 2014 the number of delayed discharges is 39.
- Since April 2014 an increasing trend in safeguarding incidents, particularly within the core hospital with 33 in April 14, 56 in May 14, 61 in June 14 and 74 in July 14. Table 11.0. on page 8 details the **number of safeguarding incidents by ward in the four month period April – July 2013 and April – July 2014.** (compiled by M Creaney, Safeguarding, MAH).

Ward	April 2013	April 2014	May 2013	May 2014	June 2013	June 2014	July 2013	July 2014
Erne	2	1	4	3	1	2	3	14
Ennis	15		7		12		9	
Greenan	2	0	11	2	0	4	0	0
Moylena	9	11	1	8	9	12	3	12
Donegore	1	3	7	2	8	1	4	4
Cranfield Men	2	6	8	2	1	5	3	18
Cranfield Women	15	14	2	31	24	21	11	27
Cranfield ICU	5	1	30	3	5	7	3	3
Killead	9	6	3	13	11	25	8	18
Sixmile Assessment	1	3	7	5	0	2	0	4
Sixmile Treatment	2	0	3	0	0	0	7	0
Oldstone	2	0	5	0	0	0	1	1
Mallow	0	-	0	-	1	-	1	-
Total	65	45	80	69	72	79	53	101

**Note: Erne and Ennis became one Ward in November 2013
Mallow patients joined Erne in December 2013**

Resettlement Wards: Erne, Greenan, Moylena, Oldstone

Core Wards: Donegore, Cranfield Men, Cranfield Women, Cranfield ICU, Killead, Sixmile Assessment, Sixmile Treatment

STRATEGIC OUTLINE CASE PRO FORMA

A Strategic Outline Case (SOC) is a very brief preliminary document designed to introduce the basic project concept and identify key issues at the earliest stages of project development. It helps to assess whether it is worth committing resources to developing a more detailed Outline Business Case. Fuller guidance on the role of SOC's in project development and expenditure approval is given in the NIGEAE business case section.

This pro forma is designed to help Departments complete a SOC using *appropriate and proportionate effort*. There is flexibility over the amount of information to be included under each heading below, but note that the SOC is intended to be a very short document and should rarely exceed 10 or 12 pages.

Project Title:

Sponsoring Department/Agency:

Senior Responsible Officer:

Signed:

Date:

Section 1: Project Overview

Briefly describe the basic project concept.

Section 2: Aims, Needs, Objectives & Constraints

*State the rationale for government intervention e.g. by reference to market failures or equity objectives.
Identify the relevant NI Government/Departmental strategic aims and policy objectives.
Outline the need for the project e.g. demand for services, deficiencies in existing provision etc
List the project objectives as specifically as possible at this stage.
Identify likely constraints e.g. timing issues, legal requirements, professional standards, planning constraints.*

Section 3: Stakeholder Issues

*Identify the key stakeholders and explain their involvement.
Indicate their level of commitment to the project as specifically as possible.
Describe any consultations held or still required.
Are there any outstanding stakeholder issues?*

Section 4: Management & Implementation

*Give a preliminary indication of the proposed project management structure and key personnel.
Is any consultancy support likely to be required?
Identify accommodation, staff and TUS issues.
Describe any legal, contractual or procurement issues.
Are there any important outstanding management/Implementation considerations?*

Section 5: Consideration of Options

Provide an initial list of options identified that could meet the objectives and briefly describe their main features.

(Consider variations in scale, quality, technique, location, timing etc).

NB A preferred option should not be identified before options have been developed and appraised more fully at OBC stage.

Section 6: Costs, Benefits & Risks

Provide broad estimates of the capital and revenue costs of the project.

If financial savings are anticipated, explain their nature and quantify them broadly.

Describe the non-monetary costs and benefits that are expected to arise.

Explain the key risks that the project is likely to face and any potential mitigation measures.

Section 7: Funding & Affordability

Outline the estimated phasing of cash/DEL requirements.

Identify the expected sources of funding and the degree to which the funders are committed.

Indicate the current cash/DEL provision for the project (if any) and the additional resources that are likely to be required.

State any particular concerns over affordability.

Detailed guidance on project appraisal, evaluation, approval and management is available at the Northern Ireland Guide to Expenditure Appraisal and Evaluation ('NIGEAE') website: <http://www.dfpni.gov.uk/index/finance/eag.htm>

Department of Finance & Personnel
Strategic policy Division
Rathgael House
Balloo Road
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Muckamore Abbey Hospital

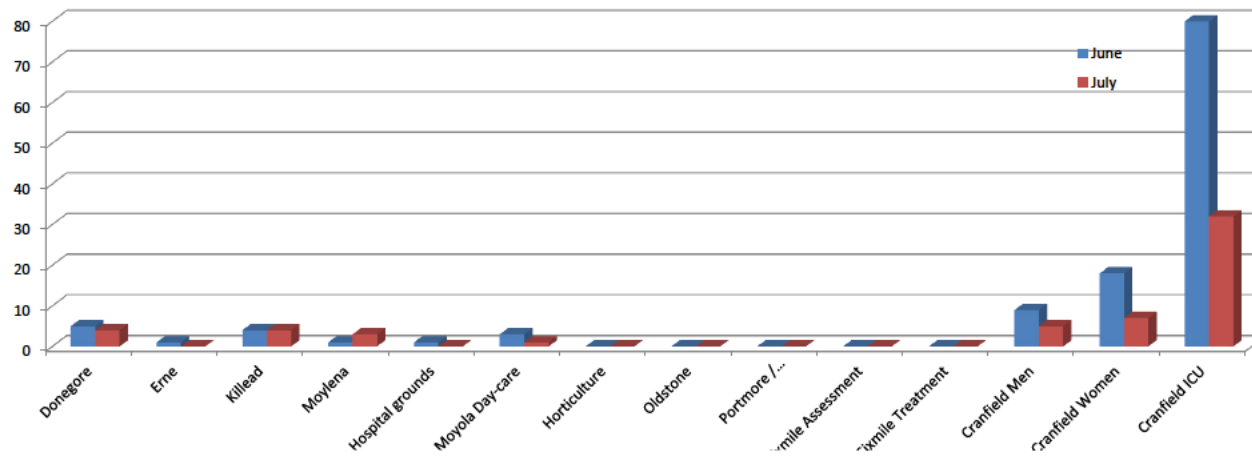
Use of Physical Intervention / Incidents and Seclusion

July 2015

JA
Ver 1 05/10/15
as input 05/10/15

Use of Physical Intervention

Ward/ Department	No of occurrences											
	January	February	March	April	May	June	July	August	September	October	November	December
Donegore	16	12	4	5	9	5	4					
Erne	0	0	0	1	4	1	0					
Killead	6	47	10	17	8	4	4					
Moylena	5	0	14	2	0	1	3					
Hospital grounds	0	0	0	0	0	1	0					
Moyola Day-care	0	0	1	1	1	3	1					
Horticulture	0	0	0	0	0	0	0					
Oldstone	0	0	0	0	0	0	0					
Portmore / Workskills	0	0	0	1	0	0	0					
Sixmile Assessment	0	0	0	2	1	0	0					
Sixmile Treatment	0	1	2	0	0	0	0					
Cranfield Men	11	11	12	15	15	9	5					
Cranfield Women	9	36	70	4	16	18	7					
Cranfield ICU	63	68	107	61	51	80	32					
Total	110	175	220	109	105	122	56					



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✓ ✓ ✓ ✓ ✓ ✓

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Time physical intervention was required

	January	February	March	April	May	June	July	August	September	October	November	December
Not recorded	0	0	0	0	1	0	0					
Midnight - 1	1	2	2	0	1	1	1					
1-7am	0	2	2	3	3	0	0					
7-8am	1	0	3	1	1	2	0					
8-9am	2	2	3	1	4	3	1					
9-10am	7	8	12	11	6	9	6					
10-11am	5	6	8	8	3	7	4					
11-12noon	7	7	11	4	6	13	5					
12-1pm	6	13	9	6	5	9	4					
1-2pm	11	8	12	6	7	9	1					
2-3pm	5	9	15	11	8	9	4					
3-4pm	7	13	20	7	17	4	2					
4-5pm	8	18	13	11	6	15	2					
5-6pm	8	26	20	14	5	12	3					
6-7pm	19	15	25	8	8	5	5					
7-8pm	9	19	17	5	12	5	7					
8-9pm	7	4	7	7	5	11	4					
9-10pm	6	14	16	4	3	6	4					
10-11pm	1	6	16	2	4	3	1					
11-12mid	0	3	9	0	0	0	2					
Total	110	175	220	109	105	123	56					

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Reason for use of Physical Intervention

	January	February	March	April	May	June	July	August	September	October	November	December
Aggression towards others	101	154	189	92	91	101	46					
Aggression towards self	8	26	34	16	10	19	9					
Aggression towards property	19	31	41	17	*	*	*					
Attempted physical aggression	0	0	0	0	*	*	*					
Absconding	0	3	1	2	2	1	1					
Assisting with prescribed /planned procedures	4	1	5	1	2	0	1					
Other	1	0	0	0	0	0	0					
Not Recorded	0	0	0	0	0	0	0					

*From 5th May 2015 PI is recorded on DATIX, these categories are included under aggression towards others

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Duration of Physical Intervention

	January	February	March	April	May	June	July	August	September	October	November	December
Not recorded	0	0	0	0	0	0	0					
<1	8	8	7	8	11	13	2					
1-5	77	108	148	70	66	70	32					
6-10	6	26	23	16	15	10	15					
11-15	4	13	13	3	6	7	0					
16-20	2	6	5	3	2	1	1					
21-25	1	6	7	1	0	5	0					
26-30	4	3	4	1	1	4	3					
31-35	0	0	4	1	1	4	2					
36-40	1	0	1	0	0	2	0					
41-45	1	3	2	3	1	0	1					
46-50	2	0	2	1	1	3	0					
51-55	1	2	2	0	0	1	0					
56-60	2	0	1	1	0	1	0					
>1hr	1	0	1	1	1	2	0					

89% of episodes of Physical Intervention during July have been for 20 minutes or less

Detail if PI lasted >1hr

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Position of patient during physical intervention

	January	February	March	April	May	June	July	August	September	October	November	December
Sitting	73	112	157	65	52	65	31					
Kneeling	5	12	17	11								
Standing	NA	NA	NA	NA	39	70	34					
Lying - bed, supine	6	16	19	4	19	34	15					
Lying - floor, supine	40	46	63	29								
Lying - bed, prone	4	2	5	2	8	9	12					
Lying - floor, prone	4	8	13	9								
Walking to another area	104	174	210	98	80	98	54					
Other	0	0	0	0	0	0	0					
Not recorded	0	0	0	0	0	0	0					

Detail of Prone position - July

If a patient is in a prone position, the patient has taken themselves and the team to this position. The team will have attempted to take the patient out of this position.

All patients held in the prone position during July were in Cranfield ICU

P274) - the patient was prone for 1-2 minutes, he was in 4 other positions - sitting/kneeling , walking, standing and supine total duration of PI was 10 minutes

P274 - the patient was prone for 1-2 minutes, he was in 3 other positions - walking, standing and supine total duration of PI was 10 minutes

P275 the patient was prone for 1-2 minutes, he was in 3 other positions - sitting/kneeling , walking, and standing , total duration of PI was 10 minutes

P276 - the patient was prone for 1-2 minutes, he was in 2 other positions - walking and standing total duration of PI was 10 minutes

P274 the patient was prone for <1 minute he was in 4 other positions - sitting/kneeling , walking, standing and supine total duration of PI was 5 minutes

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Detail of Prone position - July- (continued)

P274 the patient was prone for <1 minute he was in 3 other positions - sitting/kneeling , walking and standing total duration of PI was 6 minutes

P274 the patient was prone for <1 minute he was in 3 other positions - sitting/kneeling , walking and standing total duration of PI was 3 minutes

P274 the patient was prone for 1-2 minutes he was in 3 other positions - sitting/kneeling , walking and standing total duration of PI was 7 minutes

P274 the patient was prone for 1-2 minutes . This was the only position he was held in.

P274 the patient was prone for <1 minute he was in 4 other positions - sitting/kneeling , walking, standing and supine total duration of PI was 3 minutes

P274 the patient was prone for <1 minute he was in 3 other positions - sitting/kneeling , walking, and supine total duration of PI was 10 minutes

P276 - the patient was prone for <1 minute he was in 4 other positions - sitting/kneeling , walking, standing and supine total duration of PI was 10 minutes

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Outcome of Physical Intervention - from May 15 this information is no longer recorded and has been replaced with Actions used during/following PI

	January	February	March	April	May	June	July	August	September	October	November	December
No further action	39	76	94	39	na	na	na	na	na	na	na	na
Further action required	71	99	126	70	na	na	na	na	na	na	na	na

Detail of Further Action Required

	January	February	March	April	May	June	July	August	September	October	November	December
Medication	11	16	21	22	na	na	na	na	na	na	na	na
Seclusion	28	32	66	36	na	na	na	na	na	na	na	na
Low stimulus Environment	17	17	12	6	na	na	na	na	na	na	na	na
Self Requested Seclusion	0	0	0	0	na	na	na	na	na	na	na	na
Escorted elsewhere	4	6	5	2	na	na	na	na	na	na	na	na
Reengaged	15	33	27	13	na	na	na	na	na	na	na	na
Other	1	3	2	1	na	na	na	na	na	na	na	na
Not recorded	0	0	0	0	na	na	na	na	na	na	na	na

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Actions used during/following Physical Intervention

	January	February	March	April	May	June	July	August	September	October	November	December
Bp Monitoring	NA	NA	NA	NA	1	0						
PRN Medication	NA	NA	NA	NA	19	34						
Pulse Oximetre	NA	NA	NA	NA	1	0						
Rapid tranquilisation	NA	NA	NA	NA	1	0						

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Injury sustained during PI (Patient)

Injury sustained during PI - from June 15 this information is no longer recorded with the previous detail and has been replaced with yes or no

	January	February	March	April	May		June	July	August	September	October	November	December	
Reddening/bruising	0	2	2	1	0	Staff Patient	8	6						
Swelling	0	0	0	0	0		0	0						
Lacerations/cuts	0	0	0	0	0									
Abrasions/grazes	0	0	0	0	0									
Scratches	0	0	0	0	0									
Friction burns	0	0	0	0	0									
Thermal burn/scald	0	0	0	0	0									
Other	0	0	0	0	0									
Total	0	2	2	1	0			8	6					

Injury sustained during PI (Staff)

	January	February	March	April	May
Reddening/bruising	4	2	10	6	0
Swelling	0	1	0	1	0
Lacerations/cuts	1	0	1	3	1
Abrasions/grazes	1	1	3	1	0
Scratches	3	3	5	3	3
Friction burns	2	0	0	0	0
Thermal burn/scald	0	0	0	0	0
Other	3	2	2	1	1
Total	14	9	21	15	5

Other
Hair pull x1

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Use of Seclusion

No of occurrences

	January	February	March	April	May	June	July	August	September	October	November	December
P277	4	0	0	0	0	0	0					
P289	3	0	0	0	0	0	0					
P290	6	3	32	17	4	1	2					
P275	31	19	9	3	10	3	1					
P275 (bedroom)	0	1	1	0	3	2	2					
P275 (Sit room)	0	0	1	0	0	0	0					
P275 (Act room)	0	0	5	0	0	0	0					
P275 (quiet room)	0	0	0	2	0	0	0					
P278	0	3	0	0	0	0	0					
P276	25	27	36	24	33	39	56					
P276 (b'room)	0	0	1	1	3	17	7					
P276 (act'room)	0	0	3	0	0	0	0					
P279	0	1	2	0	0	0	0					
P280	5	1	3	0	0	0	0					
P281	1	0	0	0	0	0	0					
P282	0	1	0	1	0	0	0					
P283	0	3	0	0	0	0	0					
P284	0	2	3	0	0	0	0					
P285	0	0	2	0	4	2	0					
P286	0	0	1	0	0	0	0					
P287	0	0	0	0	10	21	3					
P274	0	0	0	0	0	2	12					
P288	0	0	0	0	0	0	2					

Totals **75** **61** **99** **48** **67** **87** **85**

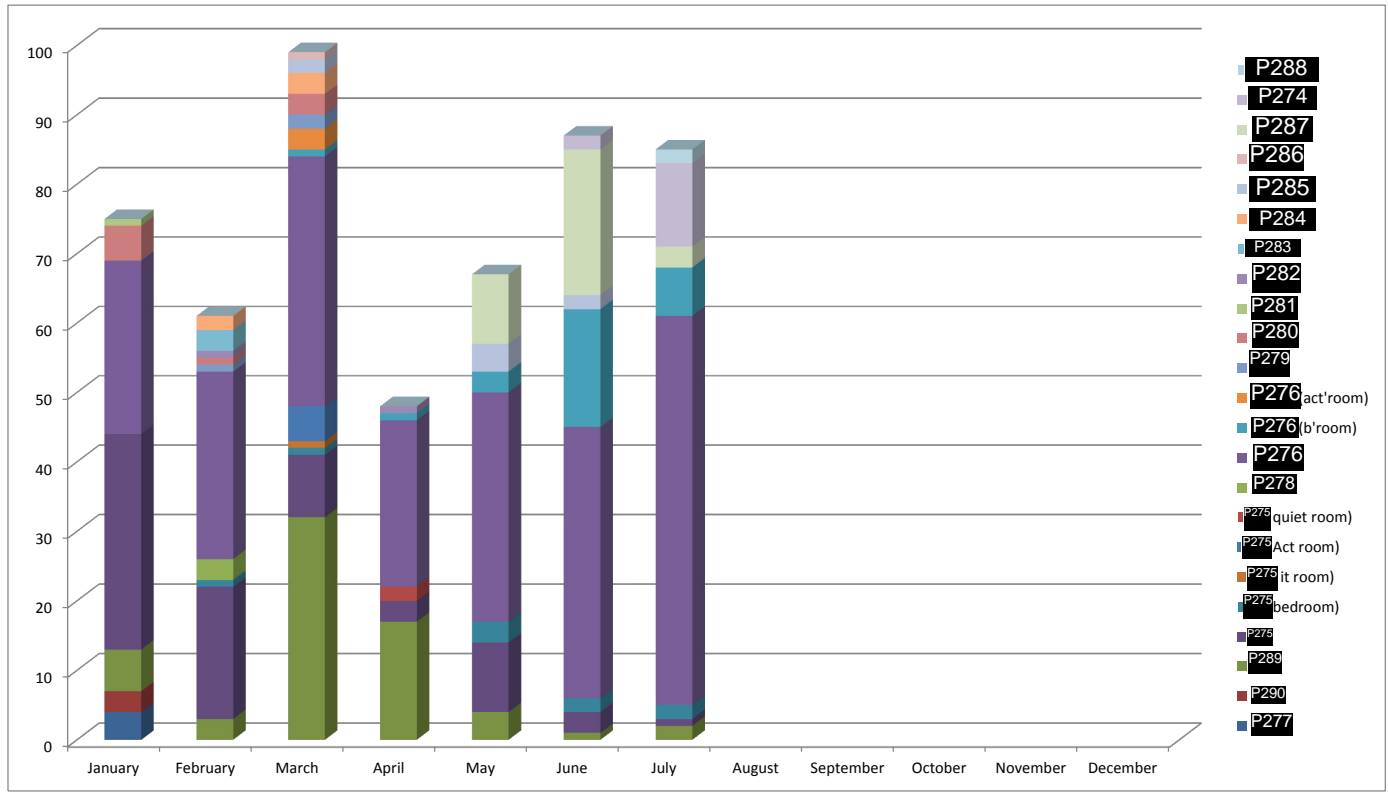
Bedroom, activity room and sitting room in use due to construction work in the ward

29 incident Forms were completed during July

3 patients self requested seclusion - P276 x19, P275 x1, P289 x1

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No of occurrences



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Time Seclusion Commenced

Midnight to 1	0
1 to 2	0
2 to 3	0
3 to 4	0
4 to 5	0
5 to 6	0
6 to 7	0
7 to 8	0
8 to 9	1
9 to 10	21
10 to 11	1
11 to 12	2
12 to 13	5
13 to 14	7
14 to 15	5
15 to 16	5
16 to 17	6
17 to 18	12
18 to 19	6
19 to 20	5
20 to 21	2
21 to 22	5
22 to 23	1
23 to Midnight	1

Total **85**

Duration Seclusion was required

Not Recorded	0
<= 30mins	7
>30mins, <= 1hr	26
>1hr, <= 1hr 30mins	15
>1hr 30mins, <= 2 hrs	15
>2hrs, <= 2hrs 30mins	9
>2hrs 30mins, <= 3 hrs	9
>3hrs, <= 3hrs 30mins	2
>3hrs 30mins, <= 4 hrs	2
>4hr, <=5hrs	0
>5hrs, <=6hrs	0

Total **85**

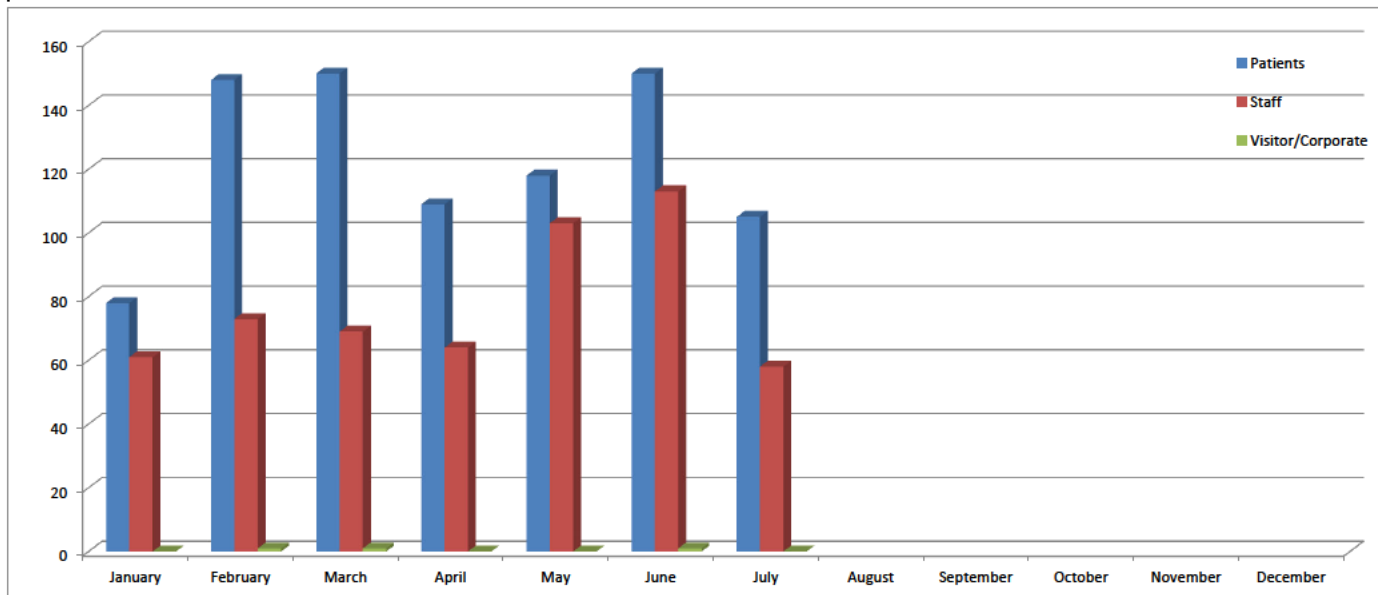
Detail of incident if seclusion had been required for >2hrs

P276 x 17 - attempted aggression x8, aggression x5 , threatening aggression x1, thoughts of aggression x1
P275 x2- attempted aggression
P274 x 2 - Aggression
P289 1 - aggression

Incidents

Incidents involving patients

	January	February	March	April	May	June	July	August	September	October	November	December
Patients	78	148	150	109	118	150	105					
Staff	61	73	69	64	103	113	58					
Visitor/Corporate	0	1	1	0	0	1	0					
Totals:	139	222	220	173	221	264	163					



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Incidents by ward / department - Staff

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Admin building	0	1	0	0	0	0	0					
Aromatherapy	0	0	0	0	0	0	0					
Car Park	0	0	0	0	0	1	0					
Cosy Corner	0	1	0	0	0	0	0					
Cranfield ICU	12	8	18	12	31	54	15					
Cranfield Men	3	1	0	2	12	8	5					
Cranfield Women	2	14	8	1	13	17	7					
Daycare Moyola	1	3	7	6	2	3	4					
Daycare Gardens	0	0	1	0	0	0	0					
Dental dept.	0	0	0	0	0	0	0					
Donegore	17	12	4	5	11	4	4					
Erne	4	8	8	8	11	8	8					
Estates	0	0	0	0	0	0	0					
Grounds, etc	0	0	0	1	2	1	1					
Killead	10	10	5	13	14	6	4					
Laundry	0	0	0	0	0	0	0					
Moylena	9	12	13	14	4	9	10					
Non Trust setting	0	0	0	0	1	0	0					
Oldstone	1	0	Closed	Closed	Closed	Closed	Closed	Closed	Closed	Closed	Closed	Closed
Road	0	0	0	0	0	1	0					
Public Area	0	0	0	1	0	0	0					
Portmore Daycare	1	0	0	0	0	0	0					
Physiotherapy	0	0	0	0	0	0	0					
Sixmile Assessment	1	3	1	1	2	0	0					
Sixmile Treatment	0	0	3	0	0	0	0					
Specialist Aids & App	0	0	0	0	0	0	0					
S<	0	0	0	0	0	0	0					
Swimming Pool	0	0	1	0	0	0	0					
Total	61	73	69	64	103	112	58	0	0	0	0	0

MAHI - STM - 275 - 86

Incidents by ward / department - Patients

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Admin	0	0	0	0	0	0	0					
Aromatherapy	0	0	0	0	0	0	0					
Car Park	0	0	0	0	0	0	0					
Cosy Corner	0	0	0	0	0	1	0					
Cranfield ICU	7	5	17	4	23	38	20					
Cranfield Men	5	5	6	7	4	12	12					
Cranfield Women	18	60	42	12	28	19	17					
Dental	1	0	0	0	0	0	0					
Donegore	11	8	10	7	2	8	1					
Erne	8	6	10	7	19	8	12					
Grounds, etc	0	2	2	2	0	1	2					
Horticulture	0	0	0	0	1	0	0					
Killead	8	7	10	6	5	6	6					
Daycare Moyola	2	4	10	7	4	11	10					
Moylena	15	46	36	40	25	40	22					
Non trust/ healthcare	0	0	1	0	0	0	0					
Oldstone	0	1	Closed	Closed	Closed	Closed	Closed	Closed	Closed	Closed	Closed	Closed
Patients own home	1	0	0	0	0	0	1					
Public area	0	0	0	0	0	0	0					
Road	0	0	0	0	1	0	0					
Sixmile Assessment	1	2	2	10	5	3	1					
Sixmile Treatment	1	1	2	1	1	2	1					
Swimming Pool	0	0	0	0	0	0	0					
Workskills / Portmore	0	1	2	6	1	1	0					
Total	78	148	150	109	119	150	105					

MAHI - STM - 275 - 87

Incidents by Ward - Patients

	Cranfield ICU	Cranfield Men	Cranfield Women	Donegore	Erne	General walkways, grounds etc	Killlead	Moyola Day Care	Moylena	Oldstone	Patients/ Client's Home	Sixmile Assessment	Sixmile Treatment	Total
Wrong/ unclear frequency	0	0	1	0	0	0	0	0	0	0	0	0	0	1
Absconder / missing patient	1	0	0	0	3	0	0	2	1	0	0	0	0	7
Fall from a height, bed or chair	0	0	0	0	0	1	0	1	0	0	0	0	0	2
Fall on level ground	0	0	1	0	1	0	0	1	0	0	0	0	0	3
Suspected fall	0	0	4	0	3	0	1	1	0	0	0	0	0	9
Tripped over an object	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Disruptive, aggressive behaviour - other	11	1	2	0	1	0	2	2	2	0	0	1	0	22
Choking	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Collapse of a structure or fitting	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Cut from object / material	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Accident of some other type or cause	0	0	0	0	0	0	0	0	1	1	0	0	0	2
Person struck by a projectile	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Other medication incident	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Delay or failure to monitor	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Physical abuse, assault or violence, pt by pt	0	8	8	0	4	1	1	2	3	0	1	0	0	28
Sexual, pt by pt	1	0	0	0	0	0	0	0	0	0	0	0	0	1
Verbal abuse or disruption, pt by pt	0	0	0	0	0	0	0	0	0	0	0	0	1	1
Self harm	7	1	1	0	0	0	0	1	12	0	0	0	0	22
Totals:	20	12	17	1	12	2	6	10	21	1	1	1	1	105

Detail re incidents involving patients

Other medication Incident

Cranfield Men

Patient was admitted late on Friday afternoon, they were prescribed controlled drugs and brought their own supply of controlled drugs these were used instead of requesting supply from extended hours pharmacy service. This does not follow trust policy. Patients supply of controlled drugs sent to pharmacy and new supply ordered. All staff informed and incident form completed.

Delay or failure to monitor

Cranfield Men

At 13.10 hrs the cutlery count was completed and 1 knife was missing. Kitchen servery area searched, bins searched. All shared space areas searched. Notice placed on staff communication board that 1 knife is missing, all staff to be vigilant. Duty Nursing officer informed.

Severity of injury to patient

	<i>Insignificant</i>	<i>Minor</i>	<i>Moderate</i>	<i>Major</i>	<i>Catastrophic</i>	<i>Blank on form</i>	<i>Total</i>
Choking	1	0	0	0	0	0	1
Collapse of a structure or fitting	0	1	0	0	0	0	1
Cut from object / material	0	1	0	0	0	0	1
Absconder / missing patient	5	2	0	0	0	0	7
Wrong/ unclear frequency	1	0	0	0	0	0	1
Fall from a height, bed or chair	2	0	0	0	0	0	2
Accident of some other type or cause	0	2	0	0	0	0	2
Disruptive, aggressive behaviour - other	14	7	0	0	0	0	21
Other medication incident	2	0	0	0	0	0	2
Physical abuse, assault or violence	18	10	0	0	0	0	28
Sexual	0	1	0	0	0	0	1
Self harm	7	15	0	0	0	0	22
Fall on level ground	2	1	0	0	0	0	3
Person struck by a projectile	0	1	0	0	0	0	1
Suspected fall	4	5	0	0	0	0	9
Tripped over an object	1	0	0	0	0	0	1
Verbal abuse or disruption	0	1	0	0	0	0	1
Delay or failure to monitor	1	0	0	0	0	0	1
Totals:	58	47	0	0	0	0	105

Detail of incidents graded as moderate / major or Catastrophic

All incidents were graded insignificant or minor

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Most Common Incidents involving Patient

Physical abuse, assault or violence	28
Self harm	22
Disruptive, aggressive behaviour - other	21
Suspected fall	9
Absconder / missing patient	7
Fall on level ground	3
Fall from a height, bed or chair	2
Other medication incident	2
Accident of some other type or cause	2
Collapse of a structure or fitting	1
Totals:	97

MAHI - STM - 275 - 92

Incidents by Ward - Staff

	<i>Cranfield ICU</i>	<i>Cranfield Men</i>	<i>Cranfield Women</i>	<i>Donegore</i>	<i>Ennis</i>	<i>Erne</i>	<i>General walkways, grounds etc</i>	<i>Killead</i>	<i>Moyola Day Care</i>	<i>Moylena</i>	<i>Total</i>
Physical abuse, assault or violence, staff by pt	12	4	6	4	1	7	1	3	4	9	51
Verbal abuse or disruption, staff by pt	3	0	1	0	0	0	0	1	0	0	5
Person struck by a projectile	0	1	0	0	0	0	0	0	0	1	2
Totals:	15	5	7	4	1	7	1	4	4	10	58

Detail re incidents involving staff

Person struck by a projectile

Staff A was in the bathroom bathing a patient. Staff A bend down to pick towels off the ground and when he got up he bumped his head on a metal cupboard which is attached to the wall in the bathroom. Advised to put cold compress on his head and did so for a short time. Declined to go to Accident and emergency.

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Severity of injury to Staff

	<i>Insignificant</i>	<i>Minor</i>	<i>Moderate</i>	<i>Major</i>	<i>Catastrophic</i>	<i>Blank on form</i>	<i>Total</i>
Physical abuse, assault or violence	26	25	0	0	0	0	51
Person struck by a projectile	1	1	0	0	0	0	2
Verbal abuse or disruption	3	2	0	0	0	0	5
Totals:	30	28	0	0	0	0	58

Detail of incidents graded as moderate / major or Catastrophic

All incidents were graded insignificant or minor

Most Common Incidents involving Staff

Physical abuse, assault or violence	51
Verbal abuse or disruption	5
Person struck by a projectile	2
Totals:	58

There were no visitor / corporate incidents reported during July 2015



Belfast Local Adult Safeguarding Partnership (LASP) Report 2013/2014

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Section 1 - Introduction

Period: 1 April 2013 – 31 March 2014

PURPOSE

The Belfast Health and Social Care Trust is committed to ensuring the health, well-being and protection of all adults who are in receipt of residential care, nursing home care, supported living and respite care provided by or commissioned on behalf of the Trust.

The Local Adult Safeguarding Partnerships (LASPs) are located within each of the Health and Social Care Trust areas. The role of LASPs is to implement NIASP guidance, policy and procedures at a local level. Membership is drawn from local statutory, voluntary independent and community sectors, including representation from Criminal Justice Agencies, Local Commissioning Groups, Local Authorities and the Faith Community. LASPs are chaired by a Trust Assistant Director and meet on a quarterly basis.

In order to progress the key priorities outlined in the NIASP work plan, the Belfast LASP established two work streams focusing on the following areas:-

- a) Prevention
- b) Protection

This report reflects on the achievements and challenges for the Belfast LASP. The annual LASP work plan is reviewed under the themes of partnership, prevention and protection. The report includes Governance arrangements, Audit report and service area commentary and activity reports.

Section 2 – Work plan for reporting Period

PARTNERSHIP WORKING

Over the last year the Belfast LASP has engaged in a number of ways in relation to partnership working:

- Belfast LASP has continued to meet on a quarterly basis and has been relatively well attended. Following the LASP workshops in 2013 it was recognised that there was a strong emphasis on statutory health and social care within LASP. It was therefore agreed that greater engagement and ownership by all members was required and that this needs to be kept under review. The meetings focus on providing LASP members with targeted information in relation to the work of NIASP and developing and delivering on LASP work-plans. While partner agencies continue to attend the LASP, ongoing work is required to ensure engagement, particularly in relation to work-stream participation. It has been recognised as vital that partner organisations provide leadership within their own sector and develop new and successful ways of working together to promote adult safeguarding. For this strategy to be effective partner organisations should recognise adult safeguarding as part of their core business. They need to have a clear understanding of their role and responsibilities, including the development of effective partnership arrangements if we are to deliver on a wider adult safeguarding agenda.

- **Work with Commissioner for Older People**
 The Commissioner for Older People has commissioned research in relation to arrangements in place in Northern Ireland to safeguard older people from abuse. As part of this work the Commissioner recently hosted a round table discussion on 'A Review of the Adult Safeguarding Framework in Northern Ireland, the UK, Ireland and internationally'. The event was well attended and provided an opportunity to share views in relation to the potential use of legislation for the support and care of older people in Northern Ireland. A discussion took place regarding an executive summary of the research and associated findings. The general view was that if there was to be legislation it should be more inclusive than older people and should relate to all vulnerable adults in keeping with the framework of adult safeguarding. A second meeting with the Commissioner's office was held with a small group of representatives including the Belfast TASS to develop this issue.
- **Policing and Community Safety Partnership (PCSP)**
 Belfast Policing Partnership is an overarching partnership, with four district Policing Partnerships – North, South, East and West. The Trust has representation on each of these partnerships and in addition is represented on the Castlereagh PCSP. The Trust Adult Safeguarding Specialist attends the South Belfast DPCSP and has raised awareness of adult safeguarding work on this partnership. The work of adult safeguarding is further promoted via linkages with colleagues on the other DPCSPs. Disability discrimination, human trafficking and domestic violence in relation to vulnerable adults have all been highlighted through this forum. Where appropriate, feedback from older people and other vulnerable groups has been incorporated into developments and future planning.
- Within the Trust partnership working across the service groups has continued. The Adult Safeguarding Leads for each service group have continued to link effectively with the TASS regarding adult safeguarding issues. Meetings have taken place to discuss a number of practice and strategic issues.
- **Domestic Violence Partnership**
 The Belfast LASP recognises the importance of maintaining close links with other key partnerships. In terms of the Belfast domestic Violence Partnership, adult safeguarding continues to be actively represented through the TASS membership of this group. This close partnership working has resulted in a shared understanding of each other's roles and responsibilities. The new Domestic Violence/Sexual Violence Strategy has recently been issued for consultation and, as anticipated, it poses significant challenges for the Domestic Violence Partnership and the interface between Adult Safeguarding and the Domestic Violence Partnership. The Belfast Domestic Violence Partnership has responded to this strategy and the response includes the views of the adult safeguarding representative. Additionally the TASS chairs a MARAC sub-group of Domestic Violence Partnership. This sub-group has identified a number of practice issues associated with the implementation of MARAC and this has resulted in recognition that further work is required.
- **Non-Government Organisations Engagement Group on Human Trafficking**
 Belfast TASS is the regional adult safeguarding representative on the NGO Engagement Group on Human Trafficking, attending meetings and participating in workshops on a regular basis. The purpose of the group is to formalise and improve the engagement between the Department of Justice, Police, Health and Social Services and relevant statutory bodies and Non-Governmental Organisations (NGOs)

on the issue of human trafficking and to inform the development of human trafficking policy and programmes. There was an action plan developed for 13/14 and reports indicate that targets set have been achieved. Of particular note are the proposed changes in legislation regarding human trafficking and slavery like offences. Adult Safeguarding contributed to sessions with Minister Poots in relation to Lord Morrow's draft Bill and have more recently organised a workshop for Trust staff at which DOJ gave a presentation in relation to the draft Modern Slavery Bill and Department of Justice's proposals regarding strengthening the position in Northern Ireland. The TASS has also, in conjunction with the Police Serious Organised Crime representative, delivered a briefing on Human Trafficking to the Trust Black Ethnic Minority group.

- **Volunteer now**

The Health and Social Care Board funded Volunteer Now to coordinate the delivery of Keeping Adults Safe training, free of charge, to voluntary, community and independent sector organisations within each of the Local Adult Safeguarding Partnership (LASP) areas. As part of the initiative, a temporary Keeping Adults Safe (KAS) Training Coordinator was appointed to work with each of the LASP Committees to identify the training needs of the target sector organisations in each Trust area. The KAS Coordinator, with the advice and guidance of the LASP committees, developed a schedule of free training opportunities to be promoted locally and through Volunteer Now. Following consultation with the Adult Safeguarding Specialists, delivery plans for the LASP were agreed, and training was scheduled from March through to June 2013 with course titles, dates, venues and times promoted on the Volunteer Now website and through all other networks. The Belfast Trust requested 6 of the maximum 6 courses on offer and a single venue was selected and provided through the LASP. A total of 69 participants attended the 5* programmes that ran from March 2013- June 2013. Feedback from the training has been very positive and arrangements have been made for the incoming year's training plan.

- **Acute Sector**

There has been continued engagement with the acute sector within the Belfast Trust to raise the profile of Adult Safeguarding. There is significant complexity around capacity and consent issues in adult safeguarding cases, particularly within the acute sector. Considerations around a vulnerable adult's ability to understand and consent to activities that could be potentially abusive in nature tend to be fundamental to many safeguarding situations. TASS has undertaken training sessions with consultants and senior nursing staff and has also provided support and guidance to senior management within the acute sector in relation to a small number of cases.

PREVENTION

The LASP Prevention subgroup continues to meet on a quarterly basis; membership has been reviewed with the inclusion of additional partner agencies. In 2013-14 the group's achievements have included:

Communication and User Engagement

- The involvement of a new service user has been identified, following the previous service users engagement lapsing. The group acknowledges that safeguarding adults is everyone's business and it is essential we continue to raise awareness and promote partnership working on all levels in partner organisations.
- Continued roll out of the 'Keeping You Safe' programme which aims to enable and empower service users in relation to increasing understanding of adult abuse. We have seen very positive results with an evaluation of the implementation of the programme demonstrating the effectiveness of the material and the engagement of service users whilst recognising that approaches need to be customised with different groups. The programme has been utilised across all service groups and plans are in place to extend this beyond day care services to residential and supported living facilities. Partner agencies have been actively involved in the facilitation of the programme and expressions of interest have been received from a range of services. Future developments for 2014 include progressing plans to identify, train and support service users in the co-facilitation of the programme.
- The further development of the Easy Read Leaflets has included the inclusion of 2 new leaflets to explain Special Measures and Pre Interview Assessment processes, currently in draft form. Consultation is ongoing with staff groups and service users with a view to seeking regional endorsement for the implementation of the leaflets.

Awareness Raising

- The joint Trust and PSNI conference took place in March 2014 on the theme of 'Human Trafficking and the Interface with Adult Safeguarding'. This event was very well attended and evaluated and continues to support the collaborative partnership with statutory, voluntary, community and independent sectors. The LASP group remains committed to promoting adult safeguarding through this joint initiative.
- Following the success of an adult safeguarding event to mark World Social Work day, the LASP group will consider facilitating a similar event on a larger scale to showcase some of the Trust safeguarding projects, links with partnership agencies and community engagement on the theme of prevention/awareness raising.

PROTECTION

• Regional DHSSPS Policy

It has been accepted that the current Regional Adult Protection Policy & Procedures 2006 and Joint Protocol 2009 require to be updated in response to practice developments and issues over the last number of years. It had been anticipated that the DHSSPS would issue a draft Adult Safeguarding Policy for consultation in March 2014. This has been delayed and we have been notified that it is unlikely to be issued for consultation until December 2014. This poses a number of significant challenges regionally. The development of the new regional Adult Protection Procedures cannot be finalised in the absence of the Policy. Similarly in relation to the Joint Protocol, the first draft of the new regional Joint Protocol document has been developed by the NIASP Operational Policy & Procedures work-stream. This document addresses identified practice issues, in particular the issue of thresholds for referral to PSNI. Again, this work cannot be finalised until the DHSSPS regional Adult Protection Policy has been agreed.

The LASP Protection work-stream continues to meet on a quarterly basis. The purpose of this work-stream had been to support and implement the requirements of the new regional Policy & Procedures.

- **Talking Mats Training:** Talking Mats is a well researched and evidence based communication tool that enables people who have difficulty communicating to express their views and provide them with a way to effectively express themselves in a visual way that can be easily recorded. In Adult Safeguarding Designated & Investigating officers often work with vulnerable adults who have communication support needs. Finding out about their views and actively involving them in safeguarding can be a challenge. The Trust is seeking to develop this method of communication as a tool to assist in adult safeguarding investigations. DOJ had expressed an interest in the Trust's plans to develop this method of communication and the Trust has facilitated two Registered Intermediaries to be trained, together with Trust Investigating and Designated Officers.

A project group has now been established to develop a draft Adult Safeguarding Talking Mat resource. Additional non-recurrent adult safeguarding funding enabled the provision of training for staff to build confidence and skills in using the Talking Mats framework and work is ongoing to support staff in this work.

- **MARAC:** following last year's regional audit in relation to adult the safeguarding contribution to the MARAC processes, NIASP took the decision to examine this interface more closely and look at possible future arrangements. The audit report had highlighted significant regional variations in Trusts regarding arrangements in place to respond to MARAC and there had been low statistical returns during the audit period. A NIASP working group has been established, chaired by the Belfast TASS to explore the possibility of developing a consistent regional Model for the delivery of adult safeguarding arrangements in relation to MARAC. To date two meetings have taken place and both meetings have been well attended with representation from all five Trusts at the first meeting and four of the five Trusts represented at the second meeting. There is now a greater understanding of the different arrangements in place in each Trust and a number of practice issues have been identified. At this point an initial draft of a proposed regional arrangement is being developed. Clearly while proposals can be drafted by this working group, decisions regarding how adult safeguarding will deliver on MARAC responsibilities are Trust decisions. The regional Adult Safeguarding Officer is actively involved in this group and it is important and positive to note that she has agreed to put together a business case for funding of MARAC work. It is significant to note that to date Trusts have received no funding in relation to MARAC work.

Within the Belfast Trust a meeting has been chaired by the TASS to raise awareness of NIASP's proposals to explore the possibility of developing a consistent regional Model for delivery of adult safeguarding MARAC responsibilities. The Trust service areas have welcomed proposals to develop a business case for funding to support MARAC arrangements and have contributed to discussion regarding possible future arrangements.

- **Adult Safeguarding Funding Allocation 2013-2014:** The Belfast HSC Trust welcomes the HSCB investment in adult safeguarding and will use the investment to continue the process of streamlining its response to adult safeguarding issues in line with the strategic direction outlined in the commissioners' specification. The funding

will assist with the continued development of the Gateway model. Unfortunately the allocated funding is not sufficient to meet the specification outlined in this IPT. Therefore the Trust has decided that in terms of priorities that a 1.0 wte nurse practitioner will be appointed at band 6 to provide specialist operational input re adult safeguarding across service areas and will initially be based within Gateway. In addition this funding will be used to fund an appropriately trained and experienced 1.0 wte practitioner(s) at Band 6 to work across Mental Health and Learning disability services. The remaining funding will be used to recruit an additional 0.5 (WTE) Band 3 Minute Taker to support Designated Officers in the recording of Case Conferences and Case Discussions.

- **Challenges associated with Service delivery:** The Belfast Trust would however wish to highlight that further funding is required if we are to continue to keep pace with the increased demands in relation to adult safeguarding work. Statistical returns clearly demonstrate significantly increased activity rates in adult safeguarding. In addition NIASP figures illustrate that the Belfast Trust accounts for 37% of the total regional adult safeguarding referrals, which is consistent with the previous year's figure. The volume and complexity of this work has been a significant challenge for the Belfast Trust, particularly in the last year. Increased numbers of investigations in Regulated facilities have proved particularly resource intensive. Pressures have been experienced across all service areas. However this is currently most notable within the specialist Gateway service.
- **Challenges associated with Adult Safeguarding Training:** The Belfast Health and Social Care Trust welcome the development by NIASP of the Training Strategy and Framework 2013-2016 document. The Trust recognises the very significant contribution that adult safeguarding training has made in terms of raising awareness of adult safeguarding and equipping staff with the knowledge and skills to deliver on this complex area of work. This Regional Training Strategy provides a clear statement of expectations in relation to the provision of adult safeguarding training and the training framework identifies 6 levels of training.

The Trust fully supports the emphasis being placed on adult safeguarding training and views the issuing of the Training Strategy and Framework document as positive. The Trust would however also want to formally record with NIASP the challenges associated with meeting the requirements as defined within the new Adult Safeguarding Training Framework.

Currently within the Trust adult safeguarding training is provided by the Personal Social Services (PSS) Training team and funded from the PSS Training budget. To date the PSS Training team have delivered adult safeguarding training to all professional groups within the Trust on request and have trained significant numbers of staff. The volume of work for this Training team has grown significantly over the years and has now reached the point where the PSS Training team can no longer meet the demand for adult safeguarding training. The PSS Training budget is for training of social work and social care staff and while the Training team would like to continue to deliver adult safeguarding training to other professional groups within the Trust, they are not resourced to do this work. Among the groups affected by this decision are Allied Health professionals, nurses, etc. Nursing do have a small contract with the Beeches, which includes a few sessions on adult safeguarding but to date the PSS Training team have been the main body within the Trust delivering adult safeguarding training.

The Trust will continue to endeavour to meet the adult safeguarding training requirements as detailed in the Training Strategy and Framework document but will need to prioritise training to social work and social care staff. This issue has been raised with senior management within the Trust and has been formally raised with NIASP in terms of a request for additional funding.

- **Review of the Adult Gateway Model within Adult Safeguarding across Older People and Physical & Sensory Disability Services:** the Adult Safeguarding Gateway Team has been operational across Trust since February 2013. A review of the Gateway Model has been completed. Significant challenges associated with the delivery of this service Model have been identified, in particular the challenges associated with volume. Senior management are currently looking at the implementation of an action plan to address the identified pressures in the Gateway Model.
- **Development of a regional referral form into Adult Safeguarding:** work has been undertaken to develop a regional adult safeguarding referral form. The Belfast Trust referral form has been adapted for this purpose.
- **Strengthening the profile of adult safeguarding with commissioned services:** adult safeguarding have liaised closely with the Trust Contracts Department to raise the profile of adult safeguarding with commissioned services. This has resulted in the regional contract being amended to include a more detailed section regarding adult safeguarding. This regional contract requires commissioned services to have in place adult protection policies & procedures which are consistent with the regionally agreed policies & procedures. The contract also requires the appointment of a safeguarding manager within organisations to promote the adult safeguarding agenda and to offer assistance when safeguarding concerns are identified. There are also explicit requirements to report adult safeguarding concerns to the Trusts.

Section 3 - Governance Arrangements

Trust Governance Arrangements

The corporate governance arrangements for the Belfast Health and Social Care Trust provide lines of accountability to the Chief Executive through the senior management team and all staff delivering care have a straight line of accountability to the relevant Director. Lead professional responsibility for Adult Safeguarding lies with the social work profession and the Trust's Associate Directors of Social Work provide the service areas with support and assurance. The Executive Director of Social Work is professionally accountable for the discharge of statutory functions by the social care workforce and related assurance arrangements pertaining to same across all Service areas. These arrangements are underpinned by an unbroken line of professional accountability from the individual practitioner through the Service Area professional and line management structures. Lead professional assurance for the Safeguarding of Vulnerable Adults is provided by the Executive Director of Social Work who reports to the Trust Board and Assurance Committee on this issue as part of the delegated statutory functions reporting and assurances processes. Lead operational responsibility for the Safeguarding of Vulnerable Adults is provided by the Director of Adult Social and Primary Care supported by the three Co-Directors for Older Peoples, Physical & Sensory

Disability, Mental Health and Learning Disability services. The safeguarding of vulnerable adults is the responsibility of all disciplines within the Trust and all sectors which deliver services on behalf of the trust.

Trust Adult Safeguarding Committee

To ensure seamless accountability through the integration of professional and operational responsibilities the trust is establishing an overarching Adult Safeguarding Committee, attended by both key Directors Co Directors Acute Services Associate Directors of Social Work and Adult Safeguarding .This forum will undertake strategic planning and operational overview of Adult Safeguarding issues. This will provide an even stronger safeguarding leadership role and will create a more effective mechanism for co-ordination and review of adult safeguarding issues and practice across all programmes of care and all sectors. The Trust Wide Adult Safeguarding committee will enable the Trust to oversee the quality of its safeguarding activity across its area of responsibility. It has been set up to develop a framework which ensures there are effective and accountable safeguarding adults' quality performance indicators and monitoring systems in place. It produces regular reports to the Trust Board. This ensures that a consistent approach and good quality of safeguarding provision is maintained across all partner organisations.

LASP Governance Arrangements

The Belfast LASP has been successful in meeting Departmental requirements as set out in the 2010 Framework document. The Belfast LASP is chaired by Marie Heaney, Co-director of Social and Primary Care. It is a multi agency group which meets on a quarterly basis. The LASP delivers on strategic plans as defined in the NIASP Strategy and annual action plan.

Section 4 – Trust Adult Safeguarding Audit – Summary Report

An Audit of adult safeguarding standards in relation to Protection Planning and Evidence of User involvement was carried out across Older People and Physical Health & Disability services, Learning Disability service, Mental Health service and Hospital social work in April 2014. The aims and objectives of the Audit were to ensure that all aspects of the adult protection plan were implemented, based on an assessment of the vulnerable adult's circumstances and their full involvement.

Standards Audited

1. In all cases of alleged, suspected or confirmed abuse, the key priority will be to protect the vulnerable adult from further abuse. The protection planning should begin as soon as an allegation of abuse is made and will be a key consideration for the Designated Officer and the Investigating Officer at all stages in the investigation process. The Protection Plan should be recorded on the ASP5
2. The vulnerable adult should be fully involved in the drawing up of the protection plan and where this is not possible a family member, carer or advocate should be involved if appropriate. The protection plan should be recorded on the ASP5

Compliance / Outcomes

Service Area	Standard 1 Is Protection Plan ASP5 in place?	Standard 2 Is there recorded evidence of user involvement?
Older People	75%	61%
Physical Health & Disability Service	78%	78%
Learning Disability	75%	88%
Mental Health	29%	59%
Hospital Social Work	0%	66%

RECOMMENDATIONS	ACTIONS	TIMEFRAME BY WHOM
<ul style="list-style-type: none"> ▪ Targeted team based sessions to further develop skills and expertise in effective protection planning and evidenced recording of user involvement. 	Commission Additional Mentoring sessions from Training team & Strategic team	Service Managers and Team Managers By end 2014
<ul style="list-style-type: none"> ▪ Team managers to ensure that protection planning information, which is widely recorded on minutes and on referral forms, is also recorded on the appropriate documentation, i.e. ASP5 and ASP8. 	Cascade at Team meetings	Service Managers and Team Managers June 2014
<ul style="list-style-type: none"> ▪ Structure of team/peer audit to be implemented to ensure appropriate governance in meeting standards in relation to protection planning and user involvement. 	Implement monthly Audit system	Service Managers and Team Managers September 2014

<ul style="list-style-type: none"> ▪ Individual teams to access additional Paris training and support, to ensure that there is effective adult safeguarding activity recording on Paris adult safeguarding module. This is particularly relevant to the recording of regulated services investigations, which requires urgent implementation. 	<p>Commission Additional Paris training on Team basis</p>	<p>Service Managers and Team Managers By September 2014</p>
<ul style="list-style-type: none"> ▪ Strategic team to look at possibility of developing an abridged version of the ASP1 and ASP5 to meet the needs of short term investigations within hospital settings. 	<p>Develop an abridged version of the ASP1 and ASP5 to meet the needs of short term investigations within hospital settings.</p>	<p>Strategic Team By September 2014</p>

Section 5 - Activity Returns

The following statistical charts evidence a number of trends:

Chart 1 evidences an annual referral rate comparison between April 2011 and March 2014. There is a 5.3% increase in Learning Disability referrals. There is an= decrease of over 50% increase in Mental Health referrals. There is a 90% increase in Older People referrals. There is an 81% increase in PHSD referrals.

Chart 2 highlights a fluctuating increase in referral rates for each quarter in 13/14 except in Mental Health.

Chart 3 provides a breakdown of the outcomes of the quarterly referrals by service area. In comparing these with 12/13 figures, there is a 6% increase in the number of investigations in Learning Disability; there is a decrease of over 50% investigations in Mental Health; there is a 78% increase in investigations in Older People; there is a 28% increase in investigations in PHSD. In terms of protection plans, there is a 25% decrease within Learning Disability from 12/13; there is a 55% decrease in Mental Health; there is a 101% increase in Older People and there is a 78% increase in PHSD.

Chart 4 provides a breakdown of referrals relating to regulated facilities. This represents an increase of 44.7% from 12/13. There is a significant increase in Nursing home, Statutory home and Residential home referral rates. Nursing home referrals are up by 102%, Statutory home by 183% and Residential home referrals by 41%.

Chart 5 provides a breakdown of referrals by type of abuse. This evidences that over 63% of referrals relate to Physical abuse, which is a 33% increase from 12/13 (see Appendix 1 for details of Belfast Trust Adult Safeguarding Activity Returns for 13/14)

<i>Table of percentage increase/decrease in Adult Safeguarding Activity from years 12/13 to 13/14</i>										
Service Area	Referrals		Investigations		Protection Plans		ABE Cases		ABE Interviews	
	12/13	13/14	12/13	13/14	12/13	13/14	12/13	13/14	12/13	13/14
Learning Disability	1010	1064	900	954	845	629	89	68	56	55
Mental Health	180	83	137	63	140	62	74	24	48	24
Older People	665	1264	459	821	392	789	26	23	15	13
PHSD	199	361	131	168	116	207	13	21	3	10
Acute Sector	<i>Figures only collated separately from July 2013 and further work is required to assure accuracy.</i>									

CHART 1

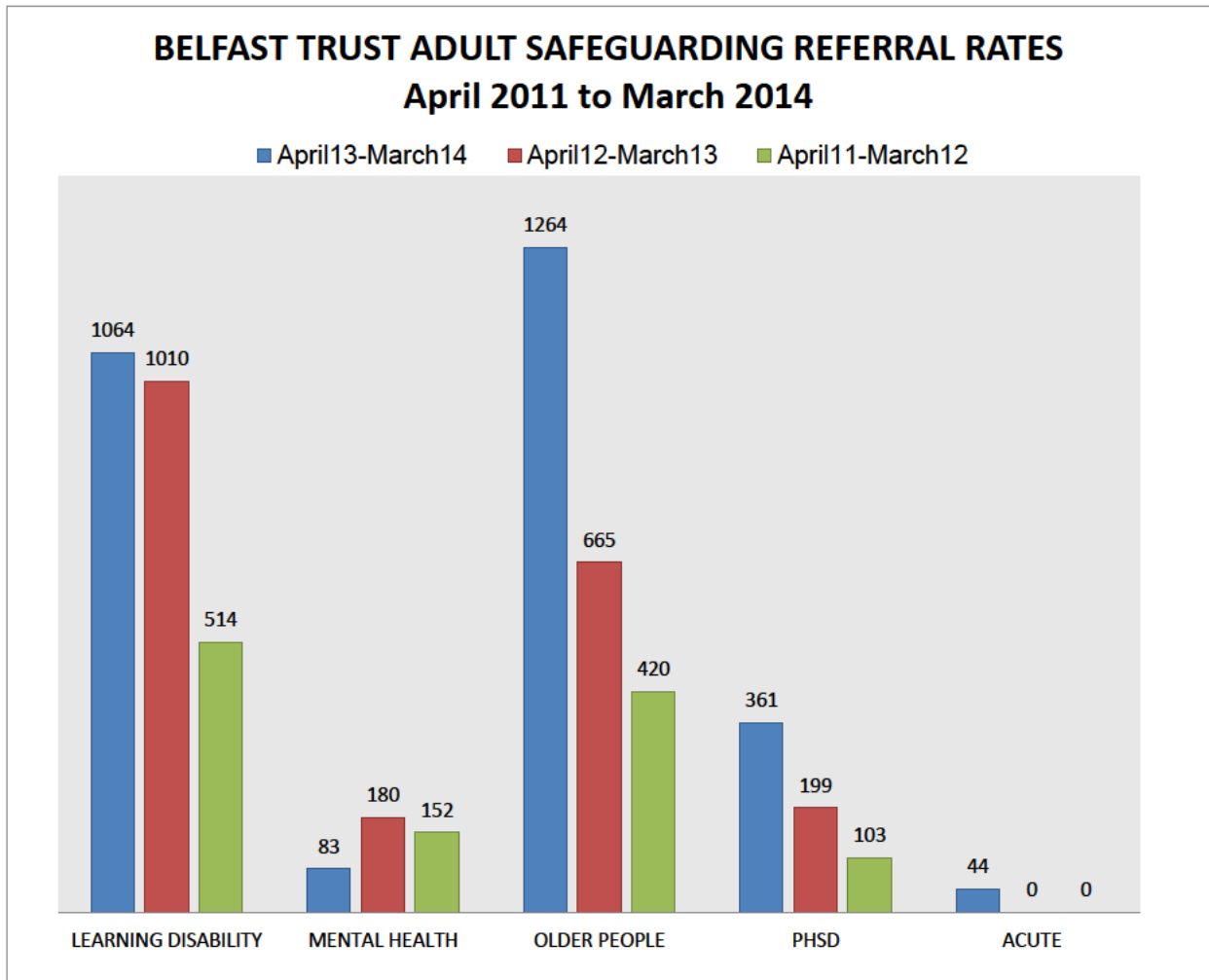


CHART 2

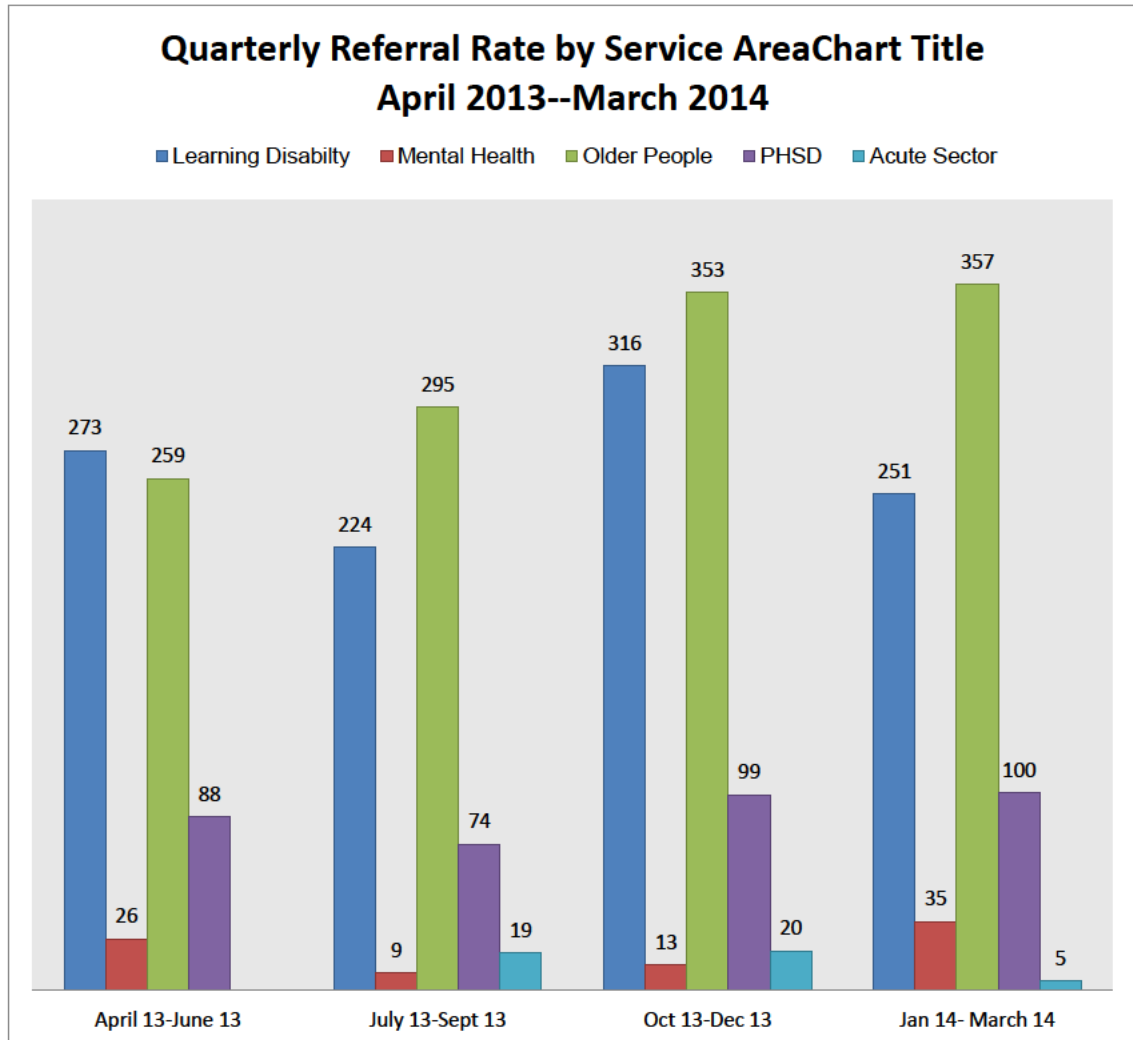


CHART 3

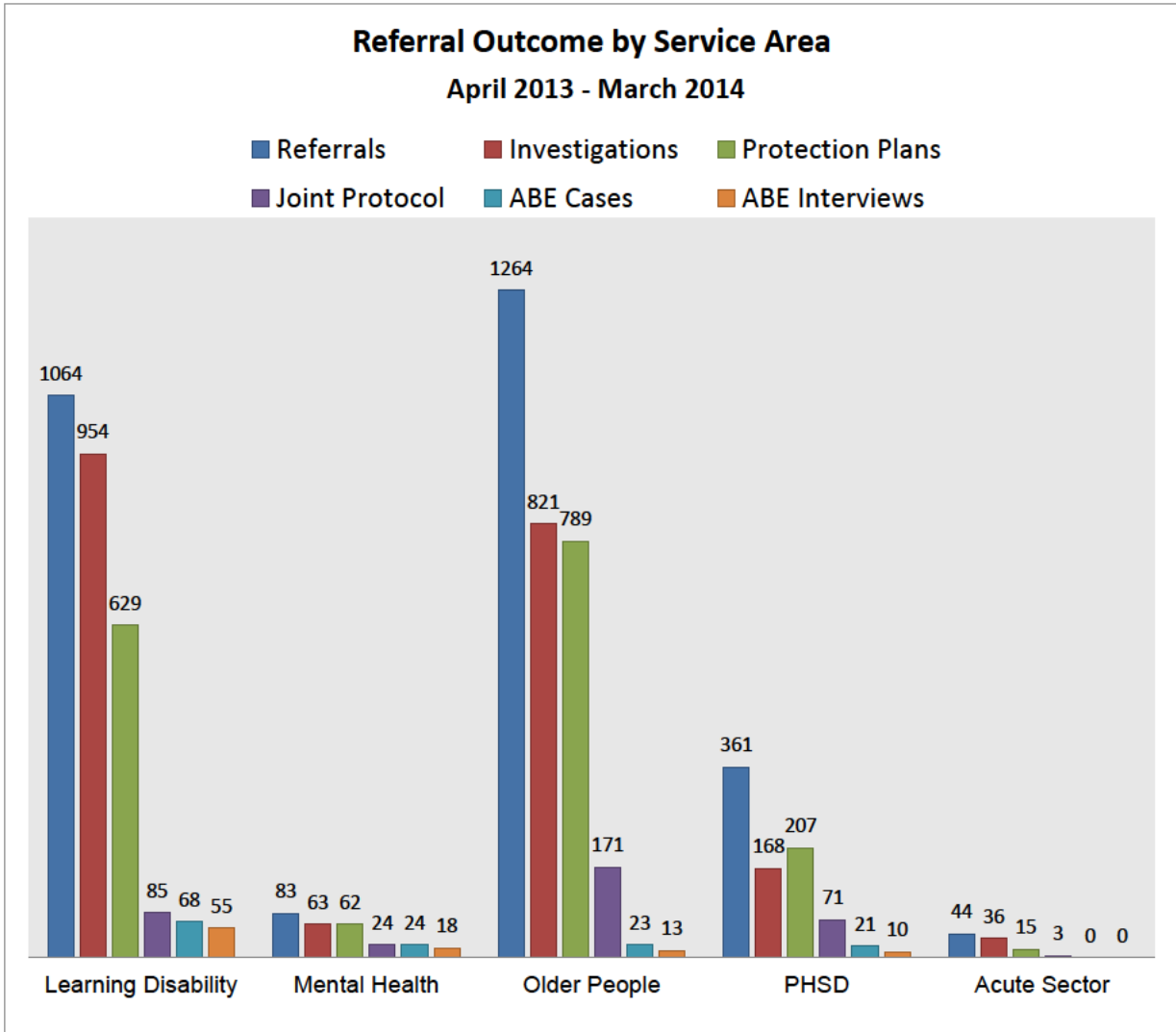


CHART 4

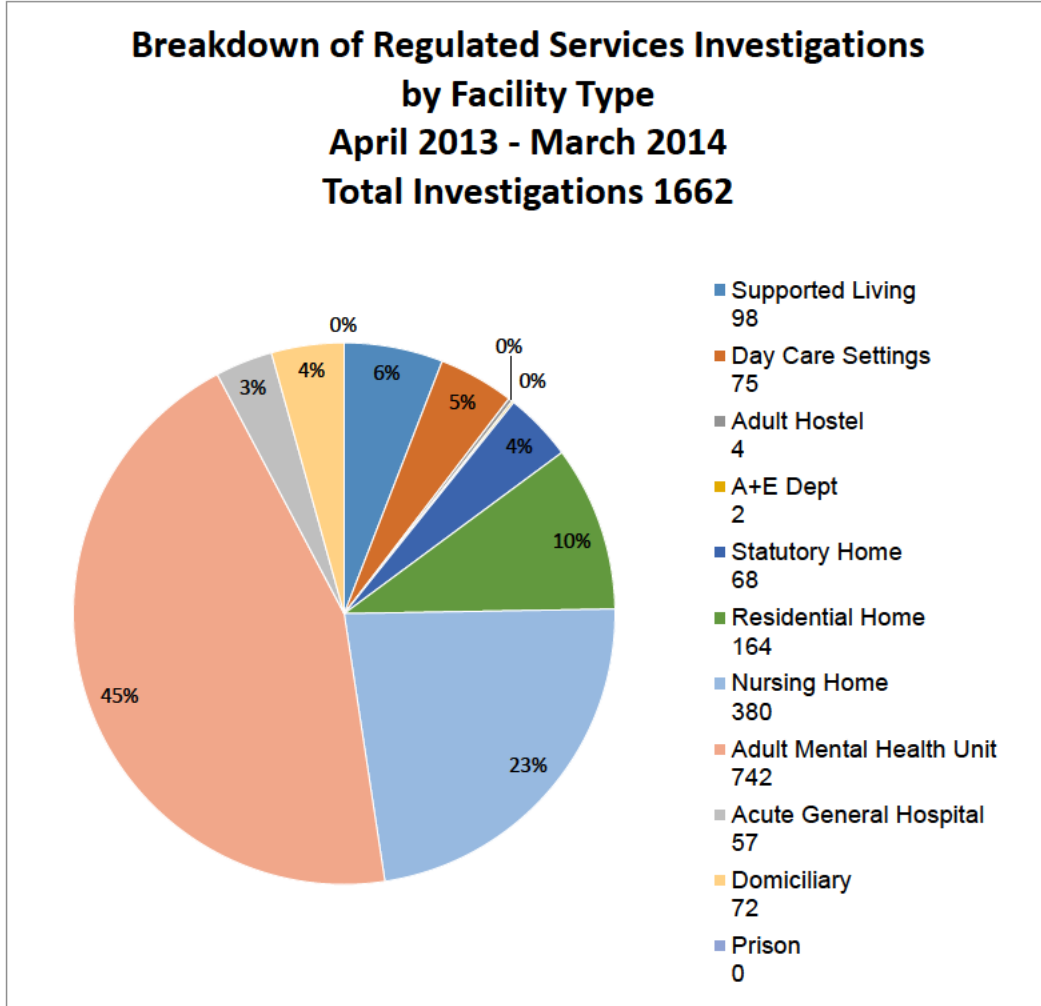
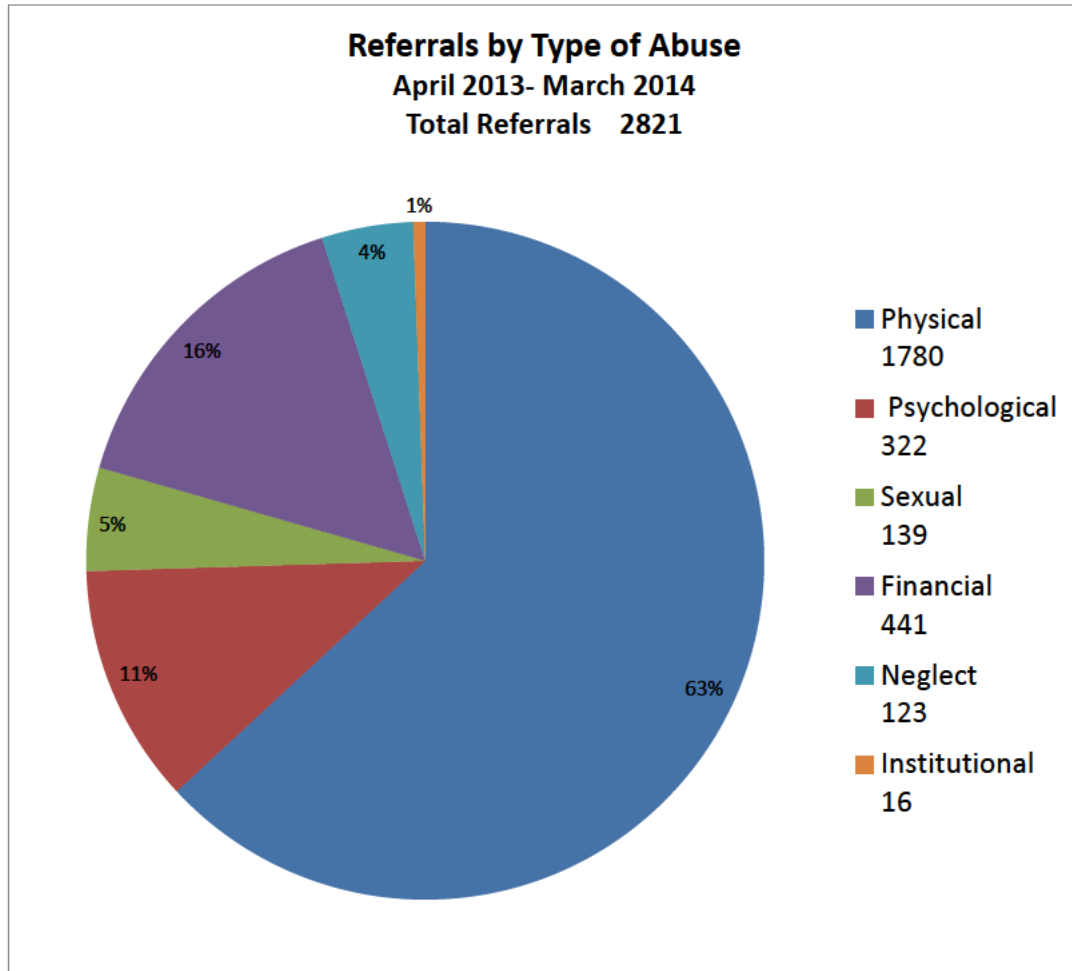


CHART5



Section 6 – Service Area Reports April 2013-March 2014

Learning Disability

Adult safeguarding is a major area of work for the service area. The service area's adult safeguarding referrals have been rising significantly in the last few years. For the period April 2011 – March 2012, there were 514 referrals and between April 2012 and March 2013, there were 1010 referrals. The numbers have remained fairly consistent for this reporting period with 1064 referrals recorded.

Seventy one percent of these referrals are from Muckamore Abbey Hospital and twenty nine percent from the community. The vast majority, eighty three per cent, relate to physical assaults by other service users. Eighty eight percent of investigations took place in regulated services. This reflects the fact that many service users in these settings display challenging behaviour including physical aggression towards others. In analysing the statistical returns for this year it is noted that there is a 25% decrease in the number of recorded protection plans. There has been some variation in practice about whether or not changes to existing care plans that have resulted from an adult safeguarding referral should be recorded as formal adult safeguarding protection plans. The issue which needs clarification is whether or not adult safeguarding protection plans should only be recorded as such when they are part of an ongoing safeguarding process which will be reviewed under safeguarding arrangements. The service area would welcome a HSC Board view on this.

These figures emphasise the need to continue a move towards smaller scale, more personalised and individualised packages of care for clients. However, current services and resources are such that group settings remain the norm for the majority of clients requiring day care or accommodation. It is hoped that resettlement will address some of the environmental factors that are believed to currently contribute to safeguarding concerns in Muckamore Abbey Hospital. While protection plans are in place for other patients, the best protection would be alternative, more suitable placements. Likewise in community settings, there continue to be difficulties ensuring adequate protection in situations where both victim and perpetrator have learning difficulties and share the same space. Accommodation planning for future developments in the service area is acknowledging the safeguarding risks that arise in group settings and is moving towards smaller scale accommodation options.

During the period April 2012 to March'13, it was noted that there was increasing demand for ABE interviews. The service area carried out eighty nine PIAs or ABE interviews during that year. For the year April'13 to March 2014 there has been a decrease with a total of fifty five PIAs or ABE interviews carried out.

The service area has recognised the increase in adult protection work and predicts that resettlement will bring more safeguarding issues into community. During this reporting period, the service area has been involved in a number of large scale adult safeguarding investigations where a whole facility has come under scrutiny. These investigations are very challenging and resource intensive.

We are therefore seeking to strengthen our safeguarding capacity in community services and to develop particular specialism which will concentrate on the area of abuse within regulated services.

In response to the increased demand and the continuing pattern of a significant number of referrals in regulated services, the service area is committing some community infrastructure funding to a full time Band 7 Designated Officer who will be based with the care management team and will concentrate on institutional abuse. The service area has also received funding for a part-time Band 6 post for adult safeguarding from the HSC Board. The service area has used community infrastructure funding to make this a Band 7 part-time post. The post holder will work alongside the fulltime Designated Officer. While developing a more specialist service, we recognise that there is significant expertise, skill and experience within community teams in adult safeguarding and staff in teams will continue to have a role in investigation and protection planning. The nature of the service area where most service users are known to the service for a long period of time means that continuity of service is important and we are keen to ensure that new arrangements for safeguarding do not mean that existing knowledge and experience of service users is lost to the safeguarding process.

In the last reporting year the service area had struggled to meet the increasing demand within the hospital and during the year April 2012 - March 2013 extra resources were provided to manage the number of referrals. This has continued with one Band 7 Designated Officer in place to concentrate on adult safeguarding investigations.

The service area was involved in the regional working group revising the Joint Protocol and welcomes the agreement that was reached by members of the group. The service area feels that the proposal, by introducing some discretion into police reporting, allows for a more proportionate and appropriate response to some adult safeguarding referrals. However we are disappointed by the lack of agreed implementation and keen for progress in this and the new regional safeguarding policy.

The new adult safeguarding forms were introduced at the beginning of 2013 and a workshop took place on 30 April 2013 for all Designated Officers across the service area to agree the consistent use of the new forms. More recently Designated Officers met with one of the Trust's Adult Safeguarding Specialists to discuss current practice in reporting of adult safeguarding statistics to ensure consistency across adult services. The burden of adult safeguarding paperwork and the lack of administration resource, such as minute takers, were identified in last year's report and this remains a major concern. One example of this highlighted through audits is that we are not consistently meeting timescales for written acknowledgements being sent to the referrer. The work continues on implementing the PARIS system across the Trust to allow all teams to use this system for adult safeguarding purposes.

During the past year work has continued in developing information leaflets in an easy read format covering a range of issues relating to adult safeguarding, joint protocol arrangements and the court process such as special measures. The existing leaflets are used widely in everyday practice and it is hoped that the new leaflets will further support understanding and communication.

The Trust has recently introduced a training programme for service users to help them identify what abuse looks like and encourage them to report abuse. The programme is called 'Keeping You Safe' and is a user friendly workshop designed to prompt reflection on the issues. The service area is actively participating in the roll out of this programme in its day services and residential and supported living services. This training has been positively evaluated and the next phase will be to develop peer educators who will co-facilitate these sessions with Trust staff.

Older People Service**Adult Safeguarding Gateway Team**

The Adult Safeguarding Gateway Team (ASGT) since its inception on 4 February 2013 has had responsibility for providing a central point of referral for Older People's Services and Physical and Sensory Disability, in relation to screening of complex adult safeguarding referrals at levels 2 and 3. Furthermore, it is a Gateway for all external Adult Safeguarding referrals from outside the Trust, which also includes those for Mental Health and Learning Disability. The ASGT also holds responsibility for being the first point of contact for suspected adult cases of human trafficking referrals across the Belfast Trust.

Adult Safeguarding Gateway Team 1 April 13 - 31 March 14	Number of Referrals	Number of Investigations
1 st Quarter	306	148
2 nd Quarter	322	167
3 rd Quarter	398	177
4 th Quarter	410	136
TOTAL	1436	628

As highlighted above, during this reporting period 1436 referrals have been screened by ASGT, with 628 (44%) of these resulting in Level 3 investigations. 79% of these referrals are in relation to Older People, with 85% of level 3 investigations being undertaken in Older People's Services.

The figures reflect that there is a quarterly on quarterly increase on referrals, into the team and this is anticipated to continue, as the prevention strategies being implemented in the wider Trust arena, result in increased awareness of the indicators of abuse amongst staff, users and the public. Furthermore private providers, residential and nursing homes are increasingly more proactive in reporting adult safeguarding concerns.

Upon closer analysis of the activity levels, it is apparent that it is in the area of nursing and residential home and domiciliary provider that there has been a significant increase in the need for investigation. These investigations are complex, require a significant time commitment and often involve multiple users. Furthermore, the investigations can involve PSNI and may have to run parallel with various organisations' disciplinary processes.

The ASGT works closely with the Trust Quality Team to ensure that concerns arising within Nursing and Residential settings and amongst domiciliary providers are addressed in a timely way, with a strong focus on prevention. The anticipated appointment of an 8a Quality Manager, in the near future, will help to develop this area of work. We are pleased to report that we have secured funding for a Band 6 Staff Nurse, to join the Team. The aim for this post is that it will assist the ASGT when working in care homes, where the concerns are in relation to Nursing standards of care. Furthermore, it is hoped that they will have an educational role within the Team.

Undoubtedly, whilst this increased awareness and identification is to be welcomed, there have been significant implications for the ASGT in terms of managing this increased pressure of work, as a central point of referral. This has on occasion led to ASGT being unable to operate to Adult Safeguarding Policy timeframes, particularly around screening, closure and transfer. As staff endeavour to respond to this significant increase in activity and complexity, this has often led to the Team Manager, having to undertake the Designated Officer role. This has led to significant challenges, in meeting other management responsibilities. Furthermore, the team are experiencing a high turnover of staff. The lengthy processes involved in scrutiny and recruitment has led, to the Team, not always having their full complement of staff and this has had a direct impact on performance and morale within the team. As a consequence of these pressures, the associated risks have been documented on the Risk Register and there is a robust action plan in situ, to address these issues.

The ASGT has taken a significant role in attending MARAC meetings for Older People's Services and Physical Health and Disability cases which are managed by ASGT. Unfortunately, due to the pressures that are now evident in the Team, they are unable to continue to do so, at this time. As an interim arrangement the Trust Safeguarding Strategic team will undertake the MARAC role.

In addition, to the challenges that face a team bedding down a new way of working, the Team have also had to implement new methods of recording and the Trust PARIS /CIS electronic recording system. This from the outset is a challenge for any team that works Trust wide, in that not all teams in the Trust are utilising PARIS/ CIS. In relation to ASGT, this requires the duty desk to manage a range of referral methods and there is also a variation in the quality of information provided at the point of referral.

It is hoped that the introduction, of a new referral aide-memoire, and the full implementation of PARIS/ CIS across the Trust will resolve these issues. There is recognition of the sensitive nature of the information that the Team would be in receipt of, in the course their work. Of particular concern, is the recording of information received and held, in relation to those investigations that involved members of staff, as alleged perpetrators. Balancing duties in relation to Data Protection, with the requirements of core teams needing access to essential investigative information, remains an on-going challenge. The Trust continues to work to develop the best methods for sharing information appropriately.

An ongoing and significant issue for ASGT is the level of Admin resource in the team. ASGT, by the very nature of its work, requires a high level of meetings minuted and recorded. In the absence of having Admin staff available to do this, the Designated Officers struggle to do this in a timely way. This has a direct impact on their capacity to manage their own case recording and to ensure that minutes and decisions are communicated in a timely way. Currently there are up to 70 formalised meetings per month that would require minuting. 75% are specific to initial strategy discussions/ meetings and the remaining are in relation, to case reviews and discussion. There is a critical need to support this Team with appropriate Admin staff, to maintain standards and ensure timely and effective sharing of key information. Also, to free staff up to be available to support users through their disclosure of abuse and work in partnership with them or their families, as they make decisions for their future.

The challenges of working to safeguard and protect adults at risk are unique. Balancing the issues of capacity and consent, working with individuals who do not wish to avail of

the protection of the legal system, sensitively recognising the needs of informal Carers who may pose a risk to their family member and finding ways to manage people who offend against others as a manifestation of their mental or physical deterioration are constant challenges. It is important that the staff who on a daily basis who work with these challenges are supported within a system, that facilitates supervision, reflection and continuous professional development. Moving forward, the ASGT very much remains a Team under review in terms of current operational systems and resource requirements.

Older People's Services Core Teams Report

During 2013-2014 there has been a steady increase in adult safeguarding referrals and investigations across all Core teams in Older Peoples Services. It is of note that both Beech Hall and Shankill have a significantly higher referral and investigation rate than other teams.

Community Core Teams 1 Apr 13 - 31 Mar 14	Number of Referrals	Number of Investigations
Beech Hall	143	88
Shankill	79	56
Grove	48	30
Carlisle	42	28
Dundonald	22	14
Arches	50	33
Bradbury	12	12
Knockbreda	26	16
CMHTOP	19	7

Differences across Core teams in the spread of adult safeguarding activity can to a certain extent be understood within the context of difference and variance in caseload sizes and overall social care activity of the older population within the catchment areas.

The significant rates of safeguarding cases within core teams present ongoing challenges for Social Work Leads and Designated Officers. This is in relation to workload, team and case management. No additional resources have been received by Core teams in relation to adult safeguarding activity. Evidence would suggest that the current social work resource in Core teams is not sufficient to meet the needs of the service. Senior management have recognised this challenge and a number of measures are being considered. These include extending the role and function of care management within adult safeguarding and utilisation of hospital social workers who are Designated Officers in community investigations. Initially, the integrated care teams reported positively about the introduction of the Gateway model, especially in relation to 'joined up' working with Gateway professionals in particular complex/level three referrals.

Process difficulties have been noted particularly in relation to response times from Gateway regarding screening of ICT referrals. Designated officers note delayed responses to screening have resulted in the ICT completing the initial investigation and implementing protection plans before the outcome of Gateway screening has taken place. It was felt that in such cases ICT Designated officers needed to act immediately in order to protect individuals from harm, and could not delay response until an outcome of screening had been communicated by the Gateway Team. However, all of these issues will be looked at within the context of the Trust modernisation work in relation to social work and older people and the future review of the Gateway implementation.

Hospital Social Work Core Teams Report

(BCH, MPH, Meadowland/Intermediate Care, Dementia Inpatients, Mater, RVH)

Throughout the reporting period there has been a steady increase in referral and investigation rates, as indicated in the table below.

Hospital Core Teams 1 April 2013 – 31 March 2014	Number of Referrals	Number of Investigations
1 st Quarter	23	9
2 nd Quarter	20	9
3 rd Quarter	21	11
4 th Quarter	31	13
TOTAL	95	42

All hospital social work teams have become aware of an increase in knowledge regarding safeguarding issues within the wider multi-disciplinary teams. This is due in large part to the rolling out of awareness training from the Training team. Referral and assessment protocols associated with the introduction of the Adult Safeguarding Gateway Team (ASGT) have encouraged the central role hospital social workers have in referring to ASGT and in the management of level one and level two safeguarding investigations. It is anticipated that Adult Safeguarding referrals will continue to increase for the Service Area during the next reporting period.

Challenges

Within hospitals there are limited opportunities for Investigating Officers to take an investigation through to its ultimate conclusion (e.g. case conference planning meeting and the implementation of a protection plan). A possible solution would be for hospital based IOs to complete this work through allocation of a community based investigation. There would have to be clear protocols with regard to the identification of the DO for such a case and there would be planning implications regarding back-fill in the hospitals. The balancing of safeguarding work with the demands of discharge planning work for other complex cases in the hospital setting continues to be a management challenge not only for first line managers but also for practitioners. The pending review of hospital social work is welcomed in that it will further quantify necessary resource: the balance of resource between discharge planning work and adult safeguarding work.

New ways of working

The staff group is continuing to adjust to the new Gateway recording arrangements. Practitioners and managers are now required to record all assessment information on dedicated electronic templates, available through the CIS/PARIS system. Given the issues outlined above it is challenging to maintain skill/knowledge in the completion of such paperwork.

Human Rights Issues

Human Right considerations continue to challenge the role of social work within Adult Safeguarding. An example can be seen in the potential tension between a service user having a right to a private life and to make choices and the organisation's duty to investigate allegations of harm. As a result, patients and family members may be unwilling to fully engage in an investigation and particularly to not engage directly with a referral to the PSNI. The normal management/practitioner supervisory relationship and attendance at IO practice support groups help to support practice in such sensitive and challenging situations.

Community Mental Health Team for Older People

The Community Mental Health Team for Older People (CMHTOP) received a relatively low number of safeguarding referrals with a gradual increase towards the end of the reporting period. The introduction of the Adult Safeguarding Gateway Team in February 2013 has proved to be a challenge for staff in the team as roles and responsibilities continue to be discussed on a regular basis. Levels of abuse and hence response to referrals is determined by the definitions Level One, Two and Three. Training and attendance at support groups is ongoing. The new alert form ASP1 has been implemented and provides staff with clear guidance on information required to adequately screen referrals. The form prompts staff to consider the person's human rights in the safeguarding process.

At present the team have a sufficient number of trained staff to investigate referrals which have been transferred following screening by the ASGT and assessed as lower risk cases. Investigating Officers and Designated Officers continue to receive support through attendance at support groups, supervision and attendance at any training opportunities.

Since implementation a number of operational issues have been identified. These include issues associated with complications when another service area is involved, e.g. hospital. Social work staff from the CMHTOP cover the Mater psychiatric wards. The need for clarity around who is responsible for safeguarding within the Mater hospital psychiatric wards has been identified as an issue by the team. Although the CMHTOP use the PARIS system they do not have access to ASGT recording. When cases are transferred back to CMHTOP it is not always clear if review of protection plans should be carried out under adult safeguarding procedures or case management. The operational issues associated with implementation are currently being looked at and addressed.

Physical and Sensory Disability Service Area

In 2013 there were 196 referrals resulting in 126 investigations. In this reporting period the Service Area has noted a further increase in activity with 361 referrals resulting in 168 investigations. Overall analysis of activity returns has identified that there has been an 81.4% increase in referrals, 28.2% increase in investigations and 78% increase in protection plans. In addition there is also an overall increase in ABE and Joint Protocol cases which is expected to increase over the next reporting period. The increase in activity continues to impact on the operational requirements of practitioners who need to ensure timely completion of Vulnerable Adult documentation and appropriate implementation of protection plans and service delivery when deemed necessary. The on-going increase in referrals may be attributed to a combination of factors such as staff recognising the importance of adult safeguarding protocols and recording alerts to support the identification of any trends. Private providers, Residential and Nursing homes continue to be more proactive at reporting adult safeguarding concerns. The service area has also noted that there continue to be a number of people who have implemented the whistle-blower policy to alert staff of adult safeguarding issues from external organisations. However there have been concerns regarding the validity of some of these alerts and the Service Area has liaised closely with the providers and RQIA on these occasions. In addition the introduction of the Adult Safeguarding Awareness training for service users has empowered service users to be more aware of abusive situations and seek support in situations that they previously would have deemed acceptable.

The Physical and Sensory Disability Service Area (PSD) in collaboration with Older Peoples Service commenced the Gateway Model for Adult Safeguarding on 4th February 2013 and this has been significantly challenging for all staff involved. As noted in last year's report the Gateway model has limitations to its overall effectiveness due to the existing staffing of the Adult Safeguarding team and therefore relies on the core teams to take responsibility for transferred cases and to screen, investigate and manage lower risk cases. There has been much demand placed on staff since the introduction of this model to plan and prepare for the new arrangements, implement the changes and monitor and review its effectiveness.

Significant challenges noted in this reporting period have been the increasing number of referrals to the Adult Safeguarding Gateway Team outweighs their staff's capacity to screen appropriately within policy timeframes. The criteria and designations of the levels of vulnerable adult abuse to Level One, Two and Three is required to determine roles and responsibilities between the Gateway and Core teams. Despite training and reflective workshops there are on-going difficulties and ambiguities in determining which team will take the lead role.

On a positive note the Service Area is assured that there is a sufficient number of staff trained as Investigating Officers to ensure that we can respond timely and appropriately to safeguarding issues. Currently there are sufficient numbers of Achieving Best Evidence Officers, however the Service Area notes that the increase in this activity together with the expected increase projected for the next reporting period will have challenges for this staff group as this role places significant demand on their time.

Since last year's report the Service Area had the additional requirement to adjusting to a new recording system and paperwork. New procedure forms (ASP) have been implemented and these have supported staff to complete paperwork in a clear process

from alert to closure. The new forms encompass human rights issues and there are written prompts which support staff to record their decision making whilst ensuring that it underpins human right requirements. There has been intensive work with CIS to incorporate the forms onto PARIS. However there are still some residual issues to be resolved to ensure that all forms are completed appropriately and can be shared with key staff in core teams. Currently core teams have restricted access to the ASP forms and this is a significant concern as there is potential that safeguarding decisions will not be shared with key staff. In addition not all of the Service Area has access to PARIS and this has posed additional challenges to these staff as they are required to operate a different system when referring to the Gateway team. (Please refer to the Physical and Sensory Disability Statutory Functions reports for specific concerns relating to the implementation of PARIS for this Service Area).

The Service Area has received no additional funding which is much needed to support the administration tasks required to complete strategy and case conference minutes within the agreed timescales. The Service Area has a limited number of trained staff to take minutes and there is limited capacity in their existing posts to take on these additional duties. The Service Area recognises that there is a need for additional funding to support this administration function and would welcome talks with the Health and Social Care Board regarding same.

Human Rights implications continue to challenge the role of social work within Adult Safeguarding particularly managing the service user right to a private life and promoting individual choice –v- organisational requirements for safeguarding. The Service Area promotes individuals with a disability to live independently and empowers them to make their own informed choices. This can conflict when issues arise in Adult Safeguarding. Service users are reluctant to engage as they may not want PSNI involvement or do not want information shared with or about a family member. This has resulted in service users declining any support from the Physical and Sensory Disability Service Area. These challenges are managed through staff supervision, peer support forums and reflective practice.

As previous noted the Awareness workshops for service users were established with representation from this Service Area. We are pleased to report that this pilot was reviewed and feedback identified that service users found the training very beneficial. It has now been rolled out across all our day care facilities. It is anticipated that this awareness workshop will continue to be developed by identifying and incorporating service users as co-facilitators. It was noted that some service users reported that they would have accepted and/or tolerated a minimal level of abuse from carers and loved ones however they now report that the training has empowered them to consult with someone they trust.

Mental Health Service Area

The volume of referrals for Adult Safeguarding has remained at similar levels as compared to last year. A wide range of referrals are received, covering hospital settings, supported living facilities, voluntary agency referrals, nursing and residential homes, and from community mental health team settings. The proportion of joint protocol work has also remained at similar levels.

Process:

Adult Safeguarding referrals are screened and subsequently allocated to D/O, I/O and ABE Joint Protocol work by the Principal Social Worker. All D/O, I/O and ABE work is undertaken by trained staff within the community teams. It was previously anticipated that each team would be able to process their own adult safeguarding, however the volume of work has outweighed the resources available at present. In effect this means that community teams are processing referrals from both community and hospital settings.

A review early in the year identified areas for improvement in terms of a clear referral pathway. The review also identified an anomaly with regard to the very low rate of referrals received from Primary Mental Health Teams. This is being investigated by the Service Area and an action plan to address the identified issues will be formulated.

Issues:

The Service area does not have access to a fully centralised information system as yet. This causes difficulties in accessing relevant information regarding referrals. It also creates difficulties in terms of governance, monitoring and evaluation. One of the strengths of having access to a fully integrated and central information system would be to identify trends/ repeat referrals. At present this is not possible using the paper based system.

As outlined above, Adult Safeguarding work is screened and/or investigated by professionals who are based in community teams. Joint Protocol ABE trained professionals are also from community teams, and who also carry a caseload. Adult Safeguarding work is often based on crisis intervention and is very difficult for community based professionals and their line managers to plan. The volume of work associated with Adult Safeguarding and Joint Protocol work can impact significantly on the "standard" business of the team, stretching resources and affecting the service received by other service users.

The Service Area has secured funding for a P/T band 7 post. This will help with some of the issues. However, it is envisaged that referrals from Primary Mental Health teams will increase as work to promote and raise awareness of Adult Safeguarding rolls out. It is likely that referrals will grow substantially in the coming year, which will require additionality in terms of resource.

Training of staff with particular emphasis on Joint Protocol work is required. The Service Area has experienced a natural loss of personnel who have been trained, leaving a very low number of ABE trained personnel to undertake joint protocol work. In addition, it may be that, like the PSNI, numbers of staff who are able to undertake a Pre-Interview Assessment could be increased. This would assist in spreading joint protocol work out and not solely relying on ABE trained staff. Funding is required for more training.

Learning & Development Team

The overall aim of the BHSCT adult safeguarding training strategy is to provide a comprehensive range of high quality training to enable practitioners and managers to have a good knowledge of the regional and BHSCT Adult Safeguarding Policies. Thereby enabling staff to confidently and effectively carry out their role as defined within these policies. The training strategy acknowledges that all staff, in whatever setting and role, are in the front line in preventing harm or abuse occurring and in taking action where concerns arise.

The strategy provides a structured approach to the training required to meet these needs to ensure that staff are trained to a high standard with regular revision of course content to reflect ongoing safeguarding work and updates.

This has included the development, delivery, commissioning and monitoring of training programmes through the provision of a range of 'in-house' and externally commissioned courses from awareness raising training to more in depth training for staff required to discharge specialist functions.

Last year the strategy was successfully implemented. This coming year we are looking to further build on our successes and continue to strengthen the implementation of effective training. Much progress has already been made.

Our aim is to consolidate our experience to date and continue to further develop and maintain the commitment of the Learning and Development team to the development of staff competence in this complex area of practice.

However adult safeguarding is evolving rapidly and this continues to present a range of challenges to the Learning & Development team.

Challenges

- Mandatory Training

Guidance for mandatory adult safeguarding training is reflected in a number of documents; the Regional Adult Protection and Procedural Guidance 2006, BHSCT Adult Protection Policy & Procedures (updated 2012), RQIA Guidance on Mandatory Training for Providers of Care in Regulated Services 2010, BHSCT Statutory and Mandatory Training Policy 2011 and the NIASP Training Strategy and Framework 2013-2016. These key documents reflect the position that all staff working with vulnerable adults are appropriately trained in the adult protection process commensurate with their role and responsibilities. The Learning & Development Team acknowledge that safeguarding vulnerable adults from abuse and harm is everyone's business and is an integral part of health and social care practice.

The increase in demand for adult safeguarding training, particularly in awareness raising training, has sustained the growth noted in 2013. Whilst service groups are to be commended for the increased profile attributed to adult safeguarding training, the impact on the resources of the Learning & Development team to deliver training to non social work and social care staff has been significant.

Subsequently, following consultation, a commitment to deliver bespoke awareness raising training to Allied Health Professionals and nursing staff groups was withdrawn in November 2013. However all requests previously agreed with service groups were honoured up to 31st March 2014 and agreement that AHP/nursing staff could continue to

request places on scheduled awareness raising and refresher training courses, subject to review.

As noted resourcing the substantial demand for awareness training including continual refresher training of frontline personnel has been challenging. Whilst there is a critical need for AHP and nursing staff to be aware of their responsibilities in recognising and responding to abuse of vulnerable adults, there remains a significant challenge to ensure all staff understand the safeguarding process, their responsibilities in preventing and identifying abuse and reporting mechanisms. In addition, challenges continue to exist in ensuring that staff understand the interface between the adult safeguarding process, serious adverse incidents and complaints.

A lack of identified funding to meet these needs has impacted on the Learning & Development team's ability to meet the sustained volume of requests. Ensuring and sustaining adult safeguarding mandatory training levels will remain a key challenge for all service groups without future funding to meet these requirements. The Learning & Development team remain committed to supporting AHP and nursing staff and look forward to a resolution of the current situation.

Of the **2,493** staff attending Awareness Raising training in 2013-14 **1,415** were non social work/ social care staff. These figures underscore the scale of the presenting challenge.

- Regulated Services:

The profile of adult safeguarding across regulated services reflects the high priority services continue to give to this area of work. The Learning & Development team continues to support social work/ social care staff in meeting RQIA requirements by developing, delivering and evaluating the effectiveness of staff training and ensuring that the workforce is knowledgeable and competent to safeguard adults. The Learning & Development team remain committed to ensuring that training makes a difference in day-to-day practice.

Much of the training in regulated services is bespoke to staff teams and delivered in the workplace which has been found to be a more effective and efficient means of meeting this staff group's needs. The Learning & Development team recognise the significant statutory requirements placed on services in the inspection of regulated services and remain committed to supporting staff.

- Designated & Investigating Officers training needs:

Currently BHSCT has trained 204 Investigating Officers and 74 Designated Officers. Continuing to support this diverse staff group needs is fundamental to their role, ensuring consolidation of training to practice and the dissemination of key knowledge. Additional training and forums to support these staff groups in 2013- 14 included bespoke training on MARAC, PPANI, Domestic Violence, Fraud, Charing Skills for Designated Officers and a joint PSNI/ BHSCT conference on Human Trafficking. Future training initiatives for this group of staff in 2014 include the commissioning of Advanced Court Room skills training by an external trainer.

- Designated & Investigating Officers & ABE staff Practice Support Groups:

These three groups were established as a forum to discuss practice and policy issues, encourage reflection on practice and build on practitioner support and confidence. It is

acknowledged that the complexity and challenges of adult safeguarding require staff to maintain their competence and engage in reflective practice. The groups provide a valuable opportunity for the dissemination of relevant information and updates. The format has included guest speakers and discussion, for example presentations by the Department of Justice on the Registered Intermediary scheme and a Women's Aid project to support older women experiencing domestic violence. Each of the groups meet quarterly with good attendance recorded at each session.

In 2013-14 total number attending the Designated Officers group: 111 staff,
Investigating Officers group: 246 staff, ABE group: 38 staff

Evaluation of Training

The Learning & Development team have responsibility for quality assuring adult safeguarding training and ensuring that all learning and development activities have clear learning outcomes and are regularly evaluated. This includes ensuring that all training delivered or commissioned is consistent with safeguarding policy and promotes best practice. Training material is regularly reviewed and updated and safeguarding training evaluated to monitor its effectiveness. In 2013 the Trust corporate evaluation form was adapted to make explicit links to adult safeguarding courses. Promoting the consolidation of training into practice is a priority; in the post course evaluation form staff are asked to comment on the three most important things they learnt, suggestions to improve the course and future training needs.

In relation to the Designated & Investigating Officers training course further consideration was given to measuring the outcomes of this training. Subsequently a percentage of candidates were randomly selected to participate in a more thorough evaluation consisting of a number of components. This involved the identified staff completing a pre-course questionnaire, a post course evaluation at the end of the course designed to gauge initial reactions to the content and teaching of the course and an action plan for how staff intended to use the knowledge gained on the course in their practice with service users which was designed to be discussed with their line manager in supervision. Additionally 3 to 6 months after the course candidates were followed up by the trainer and requested to complete a post course questionnaire. Line managers were also contacted to gather their views by questionnaire on how the candidate's participation on the course had affected their practice with service users. The evaluation results to date (ongoing) have indicated the training does improve knowledge of safeguarding processes, confidence and competence. The learning & development team is committed to progressing evaluation of adult safeguarding training beyond the post course reactive questionnaire.

LASP Prevention subgroup

Developments:

The LASP Prevention subgroup continues to meet on a quarterly basis; membership has been reviewed with the inclusion of additional partner agencies. The involvement of a new service user has been identified, following the previous service users engagement lapsing. The group acknowledges that safeguarding adults is everyone's business and it is essential we continue to raise awareness and promote partnership working on all levels in partner organisations.

In 2013-14 the group's achievements have included:

- Continued roll out of the 'Keeping You Safe' programme which aims to enable and empower service users in relation to increasing understanding of adult abuse. We have seen very positive results with an evaluation of the implementation of the programme demonstrating the effectiveness of the material and the engagement of service users whilst recognising that approaches need to be customised with different groups. The programme has been utilised across all service groups and plans are in place to extend this beyond day care services to residential and supported living facilities. Partner agencies have been actively involved in the facilitation of the programme and expressions of interest have been received from a range of services. Future developments for 2014 include progressing plans to identify, train and support service users in the co-facilitation of the programme.
- The further development of the Easy Read Leaflets has included the inclusion of 2 new leaflets to explain Special Measures and Pre Interview Assessment processes, currently in draft form. Consultation is ongoing with staff groups and service users with a view to seeking regional endorsement for the implementation of the leaflets.
- The joint Trust and PSNI conference took place in March 2014 on the theme of 'Human Trafficking and the Interface with Adult Safeguarding'. This event was very well attended and evaluated and continues to support the collaborative partnership with statutory, voluntary, community and independent sectors. The LASP group remains committed to promoting adult safeguarding through this joint initiative.
- Following the success of an adult safeguarding event to mark World Social Work day, the LASP group will consider facilitating a similar event on a larger scale to showcase some of the Trust safeguarding projects, links with partnership agencies and community engagement on the theme of prevention/awareness raising.

Section 7 - Belfast LASP Work plan 14-15

The Belfast Trust annual work-plan this year will be framed around the strategic themes, as outlined in the NIASP 5-year Strategic Plan.

Agreed Actions	Responsible	Timescale
Leadership and Partnership Working		
Belfast LASP will continue to meet on a quarterly basis and continue to promote partnership working with LASP members. Belfast LASP work-streams will continue to meet regularly and deliver on agreed objectives	Belfast LASP	March 2015
Review LASP membership and purpose to determine if objectives set in 'Adult Safeguarding in Northern Ireland, Regional and Local Partnership Arrangements - March 2010' are being met	Belfast LASP	March 2015
MARAC - Work in partnership with key relevant personnel within the Trust to ensure effective service delivery - Work in partnership with colleagues on a regional basis to review adult safeguarding MARAC arrangements and address operational issues	Belfast LASP	March 2015
Human Trafficking Trust will continue to work with the Department of Justice through attendance at the Human Trafficking Engagement Group and will seek to deliver on the action plan as specified in 14/15	Belfast LASP	March 2015
Police and Community Safety Partnership TASS is an active member of South Belfast DPCSP and will continue to raise the profile of adult safeguarding within this forum, ensuring that any action plans reflect relevant issues	Belfast LASP	March 2015
Public Awareness and Prevention		
Belfast Domestic Violence Partnership TASS is an active member of Domestic Violence Partnership and will continue to raise the profile of adult safeguarding within this forum, ensuring that any action plans reflect relevant issues	Belfast LASP	March 2015
Develop a Trust Adult Safeguarding website which will enhance public awareness and also facilitate and support staff	Belfast LASP	March 2015

Agreed Actions	Responsible	Timescale
Access to Adult Safeguarding Services		
Implementation and roll out of the regional ASP1 referral form into adult safeguarding services	Belfast LASP	March 2015
Review current central point of contact for adult safeguarding referrals and human trafficking referrals	Belfast LASP	March 2015
Regional Adult Safeguarding work - TASS's will continue to work in partnership with NIASP to deliver on objectives	Belfast LASP	March 2015
Effective Interventions		
<p>Mental Health</p> <p>Support Mental Health service group in raising the profile of adult safeguarding work with mental health professionals and facilitate a series of workshops</p> <p>Acute Sector</p> <p>Continue to promote adult safeguarding within the acute sector through a process of targeted training and support to key personnel</p>	Belfast LASP	March 2015
User Experience		
Continued roll out and evaluation of adult safeguarding training for service users	Belfast LASP	March 2015
Training and Practice Development		
The LASP will continue to facilitate an annual Conference and other safeguarding prevention/awareness raising workshops throughout the year	Belfast LASP	March 2015
Continued facilitation of IO, DO and ABE practice development fora and introduction of another forum specifically for social care staff	Belfast LASP	March 2015
Governance and Practice Assurance		
Implementation of a Trust wide adult safeguarding committee to develop a framework which ensures there are effective and accountable safeguarding adults quality performance indicators and monitoring systems in place	Belfast LASP	March 2015
There will continue to be a Trust wide annual safeguarding audit to ensure that adult safeguarding standards are being met	Belfast LASP	March 2015

Belfast Trust Safeguarding Adults Activity Return 2013-2014

1.0 Number of adult safeguarding referrals during the period

	POC1 (Acute)	POC 6 (Learning Disability)	POC 5 (Mental Health)	POC 4 (Elderly Care)	POC 7 (Physical Health and Disability)	Total
1.1 Total No of Referrals	44	1064	83	1264	361	2816
1.2 No of referrals screened out	36	110	20	443	190	799
1.3 No of investigations commenced in period	36	954	63	821	168	2042
1.4 No of initial Strategy Discussions	12	803	60	611	130	1616
1.5 No of Case Conferences	5	72	37	171	36	321
1.6 No of Single Agency Investigations	33	870	38	650	103	1694
1.7 No of Joint Protocol Investigations	3	85	24	171	71	354
1.8 No of ABE Cases	0	68	24	23	21	136
1.9 No of ABE Interviews	0	55	18	13	10	96
1.10 No of Care and Protections Plans Implemented	15	629	62	789	207	1702
1.11 No of Protection Plans that were reviewed within 10 working days	7	127	44	331	102	611
1.12 No of Cases closed to Adult Safeguarding	18	69	48	222	70	427

1.2 Of the Cases Detailed in the table above, how many referrals were received from Acute General Hospitals?

Note: Referrals from Acute Hospitals are those where the source of referral is an Acute hospital

	POC1 (Acute)	POC 6 (Learning Disability)	POC 5 (Mental Health)	POC 4 (Elderly Care)	POC 7 (Physical Health and Disability)	Total
	58	3	11	62	23	157

1.3 Of the cases detailed in the table above, how many cases were referred from Adult Mental Health Units?

NOTE: Referrals from Adult Mental Health Units are those where the source of referral is an Adult Mental Health Unit.

	1	745	39	51	2	838
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MAHI - STM - 275 - 131

Appendix 1

1.4 How many of the referrals were made to the Trust through the MARAC process?

0	0	0	8	4	12
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1.5 How many DASH Risk Identification Checklist (RIC) forms were completed during the period?

1	5	1	34	19	60
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NOTE: Please report on all activity carried out by Health and Social Care Staff.

1.6 Of these, how many resulted in a MARAC?

1	3	0	22	7	33
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2.0 Number of referrals according to major category of abuse.

Category of abuse	POC1 (Acute)	POC 6 (Learning Disability)	POC 5 (Mental Health)	POC 4 (Elderly Care)	POC 7 (Physical Health and Disability)	Total
Physical	24	885	43	660	168	1780
Psychological/ Emotional	12	90	11	146	63	322
Sexual	2	38	14	63	22	139
Financial	13	32	13	300	83	441
Neglect	3	7	0	89	24	123
Institutional	0	8	1	6	1	16
Total	54	1060	82	1264	361	2821

NOTE: Record each client only once, category of abuse should be recorded in order of severity.

2.1 How many of these referrals span more than one type of abuse?

POC1 (Acute)	POC 6 (Learning Disability)	POC 5 (Mental Health)	POC 4 (Elderly Care)	POC 7 (Physical Health and Disability)	Total
14	9	5	109	34	171

3.0 Investigations commenced involving regulated facilities/service during the reporting period:

POC1 (Acute)	POC 6 (Learning Disability)	POC 5 (Mental Health)	POC 4 (Elderly Care)	POC 7 (Physical Health and Disability)	Total
17	933	43	602	67	1662

3.1 Number of cases involving regulated facilities/services reported during the period

NOTE: where the location of the incident is a regulated facility/service/homecare. This also includes services that have been commissioned.

POC1 (Acute)	POC 6 (Learning Disability)	POC 5 (Mental Health)	POC 4 (Elderly Care)	POC 7 (Physical Health and Disability)	Total
10	134	15	399	49	607

3.2 Number of regulated facilities/services involved

POC1 (Acute)	POC 6 (Learning Disability)	POC 5 (Mental Health)	POC 4 (Elderly Care)	POC 7 (Physical Health and Disability)	Total
1	25	0	67	8	101

3.3 How many of the investigations commenced during the period had multiple referrals?

NOTE: Report on the investigations where the location of the incident is a regulated facility/service and has more than one referral associated with the case.

POC1 (Acute)	POC 6 (Learning Disability)	POC 5 (Mental Health)	POC 4 (Elderly Care)	POC 7 (Physical Health and Disability)	Total
0	29	31	264	38	362

3.4 Of the investigations commenced in the period how many employees were interviewed?

NOTE: Where the source of referral is a regulated service/facility. Employees are defined as Health and Social Care staff, home care or where a service has been commissioned

3.5 Of the investigations commenced in the period how many family members/carers/other service users were interviewed?

POC1 (Acute)	POC 6 (Learning Disability)	POC 5 (Mental Health)	POC 4 (Elderly Care)	POC 7 (Physical Health and Disability)	Total
2	39	37	315	27	420

Investigations commenced during the period involving regulated facilities/services by type

Facility type	POC1 (Acute)	POC 6 (Learning Disability)	POC 5 (Mental Health)	POC 4 (Elderly Care)	POC 7 (Physical Health and Disability)	Total
Supported Living	0	70	4	3	21	98
Day Care Settings	0	66	0	3	6	75
Adult Hostel	0	1	0	1	2	4
A+E Dept	0	0	0	2	0	2
Statutory Home	0	0	0	66	2	68
Residential Home	0	67	4	90	3	164
Nursing Home	3	51	2	307	17	380
Adult Mental Health Unit	0	675	24	41	2	742
Acute General Hospital	14	0	3	28	12	57
Domiciliary	0	3	6	61	2	72
Prison	0	0	0	0	0	0
Total	17	933	43	602	67	1662

Appendix 2

Belfast Trust Adult Safeguarding Training Strategy

The BHSCT Corporate Induction programme for all new staff continues to include a brief introduction to adult safeguarding and child protection. Staff are subsequently signposted to attend awareness raising training; level 1.

Level 1 – Awareness Raising Training

Raising awareness of abuse among staff is one of the most important single measures towards prevention of abuse. A range of awareness training courses have been devised customised to particular staff groups' needs. The key objectives of awareness raising training programmes are to enable staff to understand the definition of a vulnerable adult, to recognise different types of abuse, signs and symptoms of abuse, responses to disclosures, core values and ethical dilemmas underpinning practice including issues of confidentiality, reporting mechanisms and internal safeguarding reporting procedures including whistle blowing. In addition the core training includes discussion on child protection responsibilities designed to meet the needs of staff that work in adult services and have infrequent contact with children and young people. The demand for awareness raising training has been sustained; in 2013-14 94 courses were facilitated with 2,493 staff attending of which 1,415 were non social work or social care staff.

Level 2 –Line Managers Training

This 1 day training programme aims to assist managers in identifying and discussing the complexities, tensions and value dilemmas in adult safeguarding; to consider the issues of capacity & consent in the screening and intervention processes; to be familiar with the legislative and policy framework; to consider the criteria regarding referral to the Designated Officer and the reporting requirements in relation to the adult safeguarding recording process.

With increased responsibility for managers in the adult safeguarding process, an increase in nursing and AHP staff attending this training has been noted.

In 2013-14: 6 courses took place with 86 staff attending of which 59 were nursing & AHP staff.

Level 3- Designated & Investigating Officers Training

This 2 day training course is aimed at staff nominated to assume the role of Designated or Investigating Officer. The delivery of the programme content includes presentation, group work, case studies and discussion on a range of issues including the legislative and policy framework, capacity and consent, the investigating process, procedures, protocols, roles and responsibilities, the skills involved in an investigative interview and the development and implementation of protection plans. Raising standards and working towards consistent and proportionate responses to safeguarding issues for adults at risk are key principles underpinning this training.

In 2013- 14: 2 courses took place with 47 staff attending.

Level 4- Joint Protocol Training

This 3 day training course is aimed at Designated Officers, police officers and Investigating Officers who will be undertaking ABE training. This identified staff group have a responsibility to investigate abuse which is considered a crime and are required to follow the joint agency protocol (2009) of consultation and collaboration. Level 4 training is jointly delivered by a social services trainer and PSNI crime trainer.

In 2013- 14: 1 course took place with 9 Trust staff attending.

Level 5- Achieving Best Evidence Training

The target group for this 8 day competency based skills course are Trust and PSNI staff who will assume the role of the specialist interviewer in a joint interview. This course is jointly delivered with a PSNI crime trainer in Garnerville PSNI College and is informed by The Criminal Evidence Order (NI) 1999 which outlines a range of Special Measures to assist vulnerable witnesses which underpins ABE training.

Currently BHSCT have 21 trained ABE specialist interviewers across all service groups. In 2013- 14: 1 course took place with 2 Trust staff attending.

Achieving Best Evidence Refresher Training

ABE staff are required to maintain their competence by attending a 3 day refresher programme. The regionally agreed NIASP requirements stipulate that following initial training, staff should attend a refresher course after 12 months and thereafter every 2 years. Staff are also required to have undertaken a minimum of 4 interviews in 2 years, (this does not include clarification/PIA interviews). An ABE monitoring form is completed before attending training, co-ordinated by the Learning & Development trainer. ABE refresher training is delivered by a social services trainer and PSNI crime trainer.

In 2013-2014: 2 courses took place with 6 staff attending.

BELFAST HEALTH AND SOCIAL CARE TRUST

MUCKAMORE ABBEY HOSPITAL

NOTES OF CORE GROUP MEETING

HELD ON TUESDAY 8 JANUARY 2013

IN THE SMALL MEETING ROOM

Present: Mr John Veitch, Co-Director of Children's and Learning Disability Service (Chair)
H92, Senior Social Worker
Dr Colin Milliken, Clinical Director
Mrs Mairead Mitchell, Senior Manager Service Improvement & Governance

Apologies: Mrs Esther Rafferty, Hospital Services Manager

ACTION

PREVIOUS MINUTES

Previous minutes were taken as read.

SOCIETY OF PARENTS AND FRIENDS

Mrs Mitchell spoke about correspondence and request for meeting from Mr McCarthy re Resettlement. Mrs McNicholl, Director of Primary and Social Care, Mr Veitch, Co-Director and Mrs Rafferty, Senior Manager met with Mr McCarthy, Mr Moore and Mrs McNeilly from Society of Parents & Friends, no new issues were raised.

Risk Screening Tool Audit

H92 spoke about this audit and he explained that it takes place every two months. Group discussed the audit at length. It was agreed to present this at Core at least three times a year.

Dr Milliken spoke about ongoing issues about responsibility for completing a comprehensive risk assessment on the admission of a patient. Group discussed this and it was agreed a letter would be drafted for Mr Veitch to send to the other Trusts to look at this. H92 will discuss with Mrs Rafferty.

H92

Mrs Mitchell spoke about RQIA's review into this tool and how the Trust are now working on recommendations. Mrs Mitchell will share this with the group.

ACTION

P307

H92 informed the group that **P307** behaviour is better managed, there are less vulnerable adult incidents and accident/incidents reported due to this.

H92 raised concern about the ongoing management of **P308**, and how it is enormously resource intensive.

Mr Veitch advised that he has had a discussion with Mr Murray at the Board and also about delayed discharges. Mr Veitch stated that it would be helpful to have a picture of these patients so he could also write to the board, we need to highlight clearly to the Board relating to issues of Delayed Discharges.

Dr Milliken spoke about other Delayed Discharge patients and also issues within our Community Trust. Mr Veitch advised that these issues should be raised with Barney McNeany by Mrs Rafferty.

Dr Milliken

Dr Milliken raised concern about the "sleeping out" at present. Mr Veitch asked if the patients being discharged are freeing up beds but the group don't feel there is any benefit as you can't admit into resettlement wards. Mr Veitch explained that we need to start thinking about post 2015 and strengthening community treatment.

On Call

Dr Milliken informed the group that there are still ongoing issues, problems with on call arrangements. Dr Milliken spoke of recent incident when using the Mental Health and Night Rota. Dr Milliken will discuss further with Dr Peter Sloan. Mr Veitch will also try to follow up through Dr O'Kane.

Dr Milliken

Mr Veitch

Interviews

Dr Milliken informed about the newly appointed Locum who requires wheelchair access, Dr Milliken has concerns about access to some of the buildings on site. Mrs Mitchell said we could make reasonable additional access but unfortunately this building is not DDA Compliant.

Dr Milliken spoke ongoing issues with HR. Mr Veitch advised that, in his experience, you need to personally or secretary follow up with HR as the Chairperson, keep chasing them and if issues continue to contact Gladys McKibben.

ACTION

VULNERABLE ADULTS

H92 tabled Decembers Vulnerable Adult Report for discussion. There were 65 reported during the month of December.

H92 spoke about the extra staff support for the Vulnerable Adults Process and how they have made a massive impact. Concerns are now that the support is only available until middle February. Group discussed this briefly. Mrs Mitchell added that it has to be seen as a priority to keep this resource. Mrs Mitchell feels it can't go back to being managed as previously.

Mrs Mitchell spoke about discussion with RQIA, they had a requested a report on the trend analysis on Vulnerable Adult's.

H92 spoke about the ongoing issues in Ennis and stated that the current process is unsettling. Dr Milliken feels that Ennis needs a settled staff team. The situation can be unhelpful with strange faces. Mr Veitch explained that this was raised at the previous strategy meeting and he will reflect Dr Milliken's concerns at this weeks strategy meeting.

Mrs Mitchell asked about Vulnerable Adult Incidents in Ennis prior to November. **H92** explained that himself and Aine McMahon are planning to review these as there had been 33 prior to November.

COMPLAINTS

P291

Dr Milliken informed the group that another date has been made for **P291's** mother to meet with Dr O'Kane and Dr Milliken.

P292

Mrs Mitchell informed the group of new complaint received from **P292's** sister. Mr Mills and CN McAuley are presently investigating.

P293

Mrs Mitchell spoke about recent complaint from **P293's** mother, **P309** Investigation is now complete. Complaint has not been substantiated but there are some things that can be implemented around incidents and an advocate for carers especially around Sixmile, one other thing is information being available for relatives, ward staff looking at leaflet that can explain what can be brought onto the ward and what is not permitted. Mrs Mitchell will draft note for Mr Poots

ACTION

and is also meeting with Mrs K. RQIA also received a complaint from P309 they are looking into the recommendations from this.

Mrs Mitchell will make enquiries about Learning Disability Support for carers advocates.

ANNUAL HEALTH CHECKS

Dr Milliken highlighted to the group that there are patients here that are not all registered with GP's. Dr Milliken explained that once a patient has been in hospital for 6 months they lose access to a GP. Mr Veitch raised concern about this, he feels it should be raised with the CSA. Group discussed this at length.

It was agreed that Dr Milliken would draft a letter for Mr Veitch.

Dr Milliken

ADMISSIONS TO MAH FROM IVEAGH

Mr Veitch informed the group that he has gone back to Mr Tony Rogers in terms of Iveagh and asked to meet with him to discuss the process of Iveagh as it is a Hospital.

BEST INTERESTS CHECKLIST

Mrs Mitchell tabled the best interest checklist for discussion and spoke about issues around consent when a patient hasn't go and capacity. When this is the case the MDT should make a best interest decision. There is a form from the Department which should be completed. It was agreed to defer it to the next meeting.

OVERDUE INCIDENTS - ENNIS

Mr Veitch spoke about the above and how he has been following this up with Mrs Rafferty and Mr Stewart. Mr Stewart informed him this morning that as from this morning there are now only two outstanding incidents.

Mrs Mitchell raised concern about this as it would have an impact on the Incident/Accident Reports she feels that there should be assurances that this will not happen again. It was suggested that Mrs Rafferty could raise this at the next Senior Nurse Manager's meeting.

ACCIDENT INCIDENT REPORTS – OCTOBER 2012

Muckamore and Iveaghs Accident Incident Reports for October 2012 were tabled for discussion.

ACTION

Iveagh

Group queried reference to Trust Laptop or Personal Laptop. Mrs Mitchell will check this with Jenni Armstrong.

Muckamore

Mrs Mitchell agreed to check the following; pg 1 Breach of Confidentiality, pg 2 look of suitably trained staff in Ennis, pg 2 unplanned admission, pg 4 Dr Milliken raised concern about Greenan being the highest recorded.

SECLUSION REPORT – OCTOBER 2012

Muckamore and Iveagh's Seclusion Reports for October 2012 were tabled for discussion.

Iveagh

The group discussed high number of episodes on pg 2, Dr Milliken stated that he has no major concerns about this he feels it is being dealt with effectively.

Muckamore

The group discussed McMC on pg 2. Dr Milliken explained that this is the patient that is going to be an ECR. He is hoping the number of incidents will decrease. It was agreed to look at the November figure and discuss further. Dr Milliken stated that spending time in his room is being reviewed regularly.

Dr Milliken spoke about the ECR for P276 and how it has been ongoing for over a year, it is very hard on staff to sustain him, H92 stated it's also very hard on P276 too.

PHYSICAL INTERVENTION REPORT – OCTOBER 2012

Muckamore and Iveagh's Physical Intervention Reports for October 2012 were tabled for discussion.

Iveagh

The group raised concern about pg 19, Mrs Mitchell will clarify this with Jenni Armstrong.

Mrs Mitchell asked the group would it be helpful for Jenni Armstrong to present these reports at this meeting. Group agreed this would be helpful.

ACTION

Muckamore

The group discussed incident on Pg 3 with P276. Dr Milliken stated that Physical Intervention has reduced dramatically which is positive.

ANY OTHER BUSINESS

Staffing

Mr Veitch spoke about staffing difficulty over the Christmas period. There has been 25 newly appointed Band 3's who will be taking up post in January. Band 5's are due to be appointed in February.

There is still some staff awaiting Access NI and references, Mr Veitch has written to Gladys McKibben and advised the chairperson to keep in contact with HR.

Mr Veitch would like to convey the Management Team's appreciation for staff who went above and beyond their duty and made sacrifices so they could provide cover during December.

IIP

Mrs Mitchell informed the group that IIP Assessment starts on 4 March, there is quite a number of Nursing Assistant's on site being called for interview by the Assessors, Mr Veitch has sent this list to 8A's.

IIP Assessors name is Ann Clarke.

Charitable Funds

Mrs Mitchell spoke plans of the Trust merging Charitable Fund accounts. Mrs Mitchell and Mr Ingram have set up a meeting with Marie McGrath in relation to patients money.

Historical Abuse Inquiry

Mr Veitch informed the group that arrangements are in place for the Historical Abuse Inquiry. A retired High Court Judge will be leading up the process. There has already been requests to Trusts for preliminary information.

The information includes information in respect of former patients here it is clear there will be focus on the hospital. Mrs Mitchell is assisting in gathering information. This enquiry is going back to 1922 up until 1995.

ACTION

JR45

H92 and Dr Milliken reported that Tribunals are now referring to JR45 they feel that there is going to be more demand on funding available. Mr Veitch asked H92 and Dr Milliken to keep this under review and Mr Veitch know in case it may need to go on risk register.

Northern Trust – P295

Dr Milliken raise concern about P295, Dr Milliken spoke about a number of incidents involving P295 and reasons why he is unable to receive treatment here at Muckamore. P295 is a Northern Trust service user but the Crisis Response Team refuse to see him as they refuse to see someone with a learning disability. It was agreed that Dr Milliken would write to Dr Lynch and copy to Mr Veitch, Mr Stratton and Mr Donnelly raising concerns.

Dr Milliken

DATE, TIME AND VENUE OF NEXT MEETING

Tuesday 22 January 2013 at 9.15 am in the Small Meeting Room.

Senior Managers Meeting held on 26th January 2012

Present:

John Veitch
John McCart
Colin Milliken
Pauline McDonald
Esther Rafferty
Jill Maguire
Maurice O'Kane
Petra Corr

Apologies:

Claire Corry
Mairead Mitchell

1. Notes of meeting – 22.12.11 – Matters arising

a) Out of Trust Placements

This remains an item on the Assistant Directors' agenda. John V confirmed that he is still waiting for the other Trusts to provide their information hopefully before the next meeting scheduled for February 2012 and will share this with Managers when available.

2. Workforce Information Report

John V welcomed Aidan McAlinden to the meeting. Particular discussion focused on:-

- Importance of Service Managers and all Senior staff thoroughly reviewing staff in post returns and actioning amendments quickly.
- Aiden to try to provide breakdown (Page 9) of agency staff by Co-Director for further analysis/discussion
- Full implementation of Trust's attendance management procedures and arrangements for audit re compliance across teams/units.
- Importance of each Service Manager closely monitoring deployment of agency staff and addressing any issues of concern.
- Stephen Brady to be invited to attend team meetings across services. Service Managers to oversee.
- Aidan to try to provide specific information for our services in relation to Employment Law issues.

3. Patient Client Council

John V welcomed Gillian McMullan to the meeting and thanked her for attending. Gillian reported on initiatives including role of Bamford Monitoring Group, "My Way, My Day" work and review of individuals' experience of resettlement. Extensive discussion ensued regarding the Community Integration Programme, progress to date and principles underpinning this initiative. Discussion also focused on development of community services and infrastructure and transitions planning.

Gillian also drew attention to 2 forthcoming Bamford workshops planned for 14th (Mental Health) and 21st March (Learning Disabilities)

Gillian agreed to keep Trust appraised on progress of Patient and Client Council initiatives and agreed to attend our future Senior Management meetings on request.

4. Finance

Jill confirmed the following financial position for December 2011.

Social & Primary Care overall pay underspend £1.308m
Non pay underspend £1.555m
Total in Social & Primary Care - £2.862m with £2.426m being the target

Learning Disability pay overspend £831,000
Non pay underspend £96,000
Overall overspend £735,000

Workforce Target – 5.44% is target for Social & Primary Care
6.61% actual
10.69% for Learning Disability

In relation to MORE John McC reported that new day care payments ceased from 1st January 2012.

5. Scrutiny

All submissions to scrutiny for Learning Disability were approved. Bernie McNally, John V and Pauline are to meet to discuss Children's Disability submissions.

6. HSC On Call Arrangements for Agenda for Change Staff

Discussion focused on purpose and cost of Learning Disability Senior Management Rota and it was acknowledged that this may not be effective use of resource given the roles of other on call arrangements across the Trust including the role of EDT (Social Work) and Muckamore rota. Service Managers will review experiences of other colleagues on rota for further discussion at next meeting.

7. Community Information Liaison / Mental Health Information Support

Maurice referred to his correspondence on 19th December 2011 and emphasised that this was an important opportunity to work with Information Department to provide meaningful reports to assist Managers. Service Managers to review, in consultation with their teams and liaise with Maurice.

8. Absence Rates

This item was discussed during Aidan McAlinden's attendance.

9. Resettlement

Brief discussion focused on recent progress and developments. It was noted target wards for 12/13 need to be agreed in next few weeks.

Esther and John V working to identify member of Trust staff to be appointed to focus exclusively on Resettlement.

10. Minimum Care Standards for Adult Day Care Settings

It was noted this document had recently been circulated for immediate implementation – both community and hospital. John V to be advised IMMEDIATELY if any issues anticipated.

11. Learning Disability Service Framework

Trust to provide response by 12th March 2012 and include users and carers views..

Esther noted that Tilli/Arc/PCC have been circulated. It was agreed we should try to meet in next few weeks to confirm arrangements regarding preparation of response from each service areas including users and carers. Need to have draft responses for individual themes prepared by Senior Staff in advance of our next Senior Managers' meeting.

12. Community Infra Structure

Petra provided a positive report on recruitment to community posts recently funded by Board.

Bernie McNally is meeting Co-Directors today at 12.30 to outline organisational structures when she leaves and will update everyone as soon as possible.

Petra will be leaving probably in April (details still to be confirmed).

John McC will be leaving 31st March 2012 but finishing 16th due to annual leave.

John V reported that a trawl for both posts will be done in Social and Primary Care Directorate as soon as possible.

13. RQIA Review of Community Learning Disability Services (Promoting Quality of Care)

This Review was noted with review visits planned for February 2012. Arrangements being co-ordinated through Mel Carney.

14. Date of Next Meeting

Thursday, 23rd February 2012 at 9.30 in Conference Room 1, Fairview

**Minutes of Learning Disability Senior Managers Team Meeting
Held on 21st August 2013 at 9.30 am at Conference Room 2, Fairview 1**

Present:

John Veitch
Colin Milliken
Mairead Mitchell
Sarah Meekin
Esther Rafferty
Aine Morrison
Margaret Cameron

Barry Mills

1. Apologies

Michael Blaney
Maurice O'Kane

2. Matters Arising from Minutes of 17th July 2013

1.2 Psychology

John confirmed that a bid had been submitted to the Board for a Psychology post until March 2013 to deal with complex cases in relation to Resettlement

1.3 RQIA Finance Workshop

Action: Mairead and Aine will set up meeting with Nicola William and Ann Campbell

13. Self Directed Support Development Overview Paper

Margaret confirmed that this had been submitted the previous Friday

16. Any Other Business

(a) Community Forensic Services

John confirmed that this had been discussed at Muckamore Core meeting

Action: Colin will link up with Ian McMaster for a meeting with Board and Health Agency

(b) Maine Home

John confirmed that the registered person was still being processed and hopefully that this will be acceptable to RQIA

3. Declaration of Interest for Health Improvement Projects - Rosalind Kyle

Rosalind outlined the Health Improvement Projects which have been approved and the funding related to each and indicated that support for each Project is being sought.

- a. Photographic Menu - £4,464
- b. Sensory Stories - £964
- c. Hospital Passports - £1,000
- d. Photographic Menu App for a Portable Tablet - £2,500

John stated his support for these Projects but indicated the difficulty of releasing any staff as backfill is currently a major issue.

Mairead reported that a scoping exercise will be carried out by the Beeches to look at service users and once completed a gap analysis will be done for next year. This will be added to the Action Plan from Catherine McNicholl's SMT in the New Year which will show what needs to be done and what is being done.

Action: Mairead will be attending the GAIN Workshop with Junior Doctors, who use apps, so will pass on Rosalind's name.

Mairead will raise at the Service Improvement Group agenda

Rosalind is to forward to Mairead what needs to happen and what support they can give etc prior to next Service Improvement Group

Mairead to invite a representative from Acute Services to be invited to Service Improvement Group.

Rosalind will forward the Terms of Reference for the Good Information Group for Senior Managers

4. Leadership and Innovation Academy with Will Young at 9.50

Will Young outlined the purpose of the Leadership & Innovation Academy and how it affected/supported everyone within the Trust.

Action: Mairead will ensure Librarian contacts Will to ensure this is included in Trust Library

Senior Managers to forward ideas/comments to be included in the Academy

Will to attend Team meetings

5. Project Plans and Management Plan for 2013/14

John provided an update on the Project Plans

(a) Develop a Plan for Hospital Services at Muckamore Abbey beyond April 2015

This Plan relates to the development of a proposal for community hospital services beyond 2015. Terms of reference are currently being drawn up and discussed with Barney McNeany to form a Hospital Modernisation Board to look at Mental Health and Learning Disability Services which will be co-chaired by John and Barney. Learning Disability representatives will include Esther, Colin and Mairead with similar from Mental Health. John stated that Catherine McNicholl was keen for a representative from the Board but John has indicated that, at the moment, wish to keep this in-house

(b) Community Integration – Ward Closure, Muckamore Abbey

Aine and John are currently working on the Review of Behaviour Support and Promote Services and hope to have proposals by mid-September and will submit a job description to recruit IPT staff.

(c) Review Day Opportunity and Residential Provision within Adult Learning Disability Services

Margaret is currently working on this and should shortly have a written proposal to share.

(d) Review and Reshape Children's Learning Disability Inpatient Service at Iveagh

John confirmed that it is hoped that the Independent Review of Iveagh will be completed, with recommendations, by the end of September.

Management / Financial Plans

John stressed the importance of talking to Senior Managers to ensure that these remained on schedule and to immediately highlight any threats on achieving as the Trust is assuming what was promised will be delivered.

6. PCPs – Senior Managers

Action: All PCPs must be completed by mid-September

7. Finance / MORE / QICR Update

John referred to Martin Dillon's letter to request further Contingency Plans and that every week there is a deterioration in the financial situation and that we must ensure that all finance is essential and everyone is working at full capacity or this will result in having to release posts, backfill etc.

8. Complaints etc

Mairead reported that there are 4 outstanding complaints and all are overdue and gave an update on each

9. Resettlement / Community Integration

Esther reported that Rathmullan there are only 8 patients from 22 and that Rathmullan will close at the end of September when Greenan is ready.

Colin confirmed that he will be meeting with Karen Humphries as there will be 20 or 30 patients who will not be resettled by March 2015.

Action: Margaret to provide a copy of information on Hanna Street that was forwarded to Catherine McNicholl in advance of her meeting with Martin Dillon

10. Absenteeism

John stressed the importance of ensuring that absenteeism is monitored continually.

11. Scrutiny

John reported that he will be meeting with Catherine McNicholl who will talk with Jennifer Thompson in relation to TYC

12. IPTs / CIPs

John reported the follow updates in relation to IPT submissions to the Board

(a) Community Treatment Infrastructure

This has been resubmitted

(b) Delayed Discharge

IPT has been submitted with validation of costings to be confirmed by Michael.

(c) Self Direct Support

This IPT is in draft form with Bernie Kelly

(d) Transition and Day Care

John has written to Jennifer Thompson as Board have requested this within 2 weeks and this is an unrealistic timescale.

Action: Senior Managers to check their IPTs
If anyone requires a copy of CIPS contact Lesley

13. Learning Disability Workshop (30.09.13)

John reported that the main focus of the workshop will be shift from Hospital to Community within Belfast and other related issues.

Action: Margaret, Esther, Aine to nominate 2 Band 7 from their services
Colin to confirm Karen Humphries, Damien Hughes, Kathryn Cousins attendance
John will provide aims and objects in discussion with Paula O'Kelly

14. Mental Capacity Bill Costings

Margaret confirmed that this related to Self Direct Payments and Direct Payments and that an assessment has to be carried out by a Psychiatrist but that they were unwilling to do these.

John reported that this is a shift to Self Direct Support and it is crucial to highlight to the Board for clarification if GPs do not have expertise how do we implement policy. Tony Stevens and Catherine McNicholl will write to Board as this could preclude the Trust from meeting its statutory function responsibilities.

Action: Colin to forward correspondence relating to this
Colin to provide numbers from 1st April 2013 to date of requests

15. On Call Rota

John reported that a recent meeting a decision had been made to reduce the rotas from 3 to 2 (Hospital and Community). Brendan Ingram is currently writing up terms of reference for each and seeking Human Resources advice and it is hoped to implement this in October.

Action: Mairead to update SMT in September

16. LDSF (Learning Disability Service Framework) – Gain Project Team (Guidelines & Audit Implementation Network)

John reported that the Board have agreed a job description for a part time Project Manager based regionally. An audit is being undertaken across the Trust with 1-33 standards to identify baseline information. Esther confirmed that a Band 7 will draw up audit tool and circulate

Action: Mairead will put item on Service Improvement Group agenda.

17. Working Time Questionnaire

Esther reported that the rota is not compliant and is setting up a working group to become compliant.

18. Trim DHSSPS DH1/13/26360 Domiciliary Care / Independent Sector Fuel Permits

Action: Senior Managers to complete and return template to John prior to 20th September 2013

19. Management Resettlement meeting on 28.08.13

This meeting is to be cancelled.

20. Any Other Business

(a) RQIA Restrictive Practice

Mairead reported that there is a meeting with RQIA to sign off on restrictive practice to discuss liability .

Action: Mairead to set up meeting with Aine, Margaret and Kathleen McDonnell to discuss

(b) Mortality and Morbidity

Mairead reported that this policy is now in place from 1st July 2013 in Muckamore and Iveagh. All deaths have to be reported on correct forms within 24 hours with a review meeting held within 1 week and written report forwarded to Mairead. Esther will discuss with the Band 8As to ensure process and paperwork are completed.

Mairead indicated that Mental Health and Learning Disability deaths are now to be included and that Maria O’Kane attends Tony Stevens’ (Medical Director) monthly meetings.

(c) Policies

Mairead reported that all local policies are now on the Trust Hub so that staff will have access and that there will be an Adult Social & Primary Care subdivided section.

21. Date of Next Meeting

Wednesday, 18th September 2013 at 9.30 am in Conference Room Two in Fairview

BELFAST HEALTH AND SOCIAL CARE TRUST
LEARNING DISABILITY SERVICES AND CHILDREN'S DISABILITY SERVICES
GOVERNANCE MEETING
HELD ON 01 NOVEMBER 2012 AT 09.30 A.M.
IN BOARDROOM, ADMIN BUILDING, MUCKAMORE ABBEY HOSPITAL

Present:

Mr. John Veitch, Co-Director, Learning Disability and Children's Disability (Chair)
 Mrs. Mairead Mitchell, Senior Manager, Service Improvement and Governance
 Mr. Brendan Ingram, Business and Performance Manager
 Ms. Esther Rafferty, Service Manager, Muckamore Abbey Hospital
 Dr. Philip Moore, Consultant Psychologist
 Ms. Aine Morrison, Operations Managers, Community Treatment and Support Services
 Ms. Karen Cunningham, Lead Health and Safety Manager, Corporate Risk Governance
 Miss. Bernie Maguire, Intern
 Miss. P. Minnis, Quality Coordinator

Apologies:

Dr. I. Mulholland, Consultant Psychiatrist
 Mrs. Margaret Cameron, Service Manager, Learning Disability Residential and Day Care Services
 Mr. Barney McNeany, Service Manager, Community Treatment and Support Services
 Ms. Pauline McDonald, Service Manager, Children's Disability

		Action
1.0	Minutes of the last meeting (03 May 2012)	
	The minutes of the last meeting were taken as read.	P. Minnis
2.0	Matters Arising	
2.1	Child Visiting Guidelines	
	Those present noted that the Hospital Visiting Guidelines originally developed for Mental Health Services now included Learning Disability Services. Patricia advised that she was awaiting a final few comments before it was brought to governance for sign off. Patricia to send out guidelines to the Children's Disability and Learning Disability Governance Meeting, Yvonne McKnight and Deirdre Hegarty for comment. Aine to make Barney aware of the need to share this with the Associate Social Worker for Social and Primary Care for their comments.	P. Minnis A. Morrison
2.2	Deprivation of Liberty	
	Those present noted that the terms of reference for the Restrictive Practices Forum included Deprivation of Liberty. Aine to attend the next Restrictive Practices Forum as DLS are due to attend and will hopefully be able to give some guidance regarding two ongoing cases. Aine confirmed that the audit within Learning Disability on the deprivation of liberty had been completed. Aine to send audit and its outcomes to Mairead and John. Aine highlighted the huge variation in deprivation of liberty returns and advised that this was partly due to no clear guidance regarding this. Aine to present the deprivation of liberty audit and its	A. Morrison A. Morrison A. Morrison

findings to the next Restrictive Practices Forum. Aine continued that a process for community learning disability services had been agreed and that this would be introduced to teams next week. Aine advised that careful training around the process would be needed. Barney to speak to Margaret regarding training for both residential and day care facilities.

B. McNeany

2.3 Safeguarding Vulnerable Adults – Inspection by RQIA

Those present noted that whilst a draft report had been received to check for accuracy regarding the above, a final report had not yet been received. Issues arising from the inspection include the need for a review of the joint protocol. Due to the delay in guidance from the DHSSPS the Trust has decided to go ahead with the review without this. Comments have been received regarding the new protocol however there are worries that the PSNI will not sign up to it in the near future. Aine advised that the Trust will continue to follow the existing Joint Protocol until the new one is agreed and disseminated. Those present noted that a meeting had been requested regarding an inappropriate referral from Muckamore Abbey Hospital by the PSNI. A meeting has now been set up with Joyce McKee, the PSNI, Aine, Barney and [REDACTED] H92. Esther requested the date of this meeting so she could attend.

A. Morrison

2.4 Intimate Care Policy

John to speak to Barney regarding the Intimate Care Policy in terms of the ability by Community Treatment and Support Services to provide the gender balance. Aine to speak to Margaret regarding Residential and Day Care Services current position with regards to providing the gender balance. Esther advised that Muckamore Abbey Hospital was able to provide this through redeployment of staff if needed. Mairead to check the review date of this policy and raise the service group's concerns.

J. Veitch

A. Morrison

M. Mitchell

2.5 Supporting Safer Services

Mairead advised that regional documentation and a number of policies have been amended to cover the requirements from the above. To be taken off the agenda.

P. Minnis

2.6 Lone Worker Policy

Those present noted that the updated lone worker policy has now been circulated to all service groups. To be taken off the agenda.

P. Minnis

2.7 Fair Access to Care

Those present noted that the Trust has a duty of care to meet the care needs of individuals. John and Barney have met with Aidan Murray, HSCB regarding the high cost cases. John advised that he will escalate this as it is important that this issue is taken forward on a regional basis. Aine advised that a process regarding a care management assessment for required services was being introduced to teams at the next team leaders meeting.

J. Veitch

3.0 Physical Interventions Reports

Mairead presented the physical interventions reports for Community Learning Disability Services and Muckamore Abbey Hospital. Mairead advised that these were excellent reports but

had a few queries.

Community Learning Disability Report

Mairead asked who this reports was shared with. Philip advised that the Community Learning Disability report was shared with herself, Barney and Pat McFall. If there were any queries regarding facilities returns Philip will go back to individual managers for clarification. Mairead asked that the following be included in the next report: -

P. Moore

- Description of the audit;
- Staff training percentages by facility;
- Break down of injuries, violence and aggression and front hair pull i.e. patient to staff, staff to staff, staff to patient
- Actions to deal with any issues arising.

Muckamore Abbey Hospital Report

Those present noted that there had been 510 instances of physical interventions within Muckamore Abbey Hospital. Mairead asked that this also refer to the number of patients this related to. Mairead queried whether there was support in place for staff following an assault. Esther advised that a staff care day was being held on 13 November 2012 regarding staff support and would include the Here4U Group complimentary therapies etc. Esther advised that managers were also currently working on providing a safe forum to vent for staff following an injury. Esther to send Karen a flyer on the staff care day. John asked that Esther also send this to Catherine McNicholl in light of his being on leave. Mairead also asked that the report include staff training figures and staff injuries again by patient to staff, staff to staff.

**E. Rafferty
E. Rafferty**

4.0 Incident Reports

4.1 Incident Report (August 2012)

Mairead presented the summary report for August 2012 and advised that managers receive more detailed report. Those present noted that the number of ungraded incidents had significant reduced. John asked that managers keep reviewing the amount of choking incidents as these had raised.

ALL

4.2 Incidents concerning 3rd Party Providers

Mairead advised that Learning Disability and Children's Disability Services will not be recording incidents concerning third party providers and that third party providers should report these to RQIA themselves.

5.0 Risk Registers

Mairead advised that the Children's Disability and Learning Disability Risk Registers had not been updated recently and that more work was need on these. Mairead, Barney, Margaret, Esther, Pauline and Aine to meet regarding these. John asked that the risk regarding deprivation of liberty remain at, at least an amber due to the lack of progress on the regional guidelines which the Trust cannot currently meet. Karen commented that in spite of the number of risks pertaining to violence and aggression, risk assessments had not been mentioned anywhere.

**M. Mitchell,
B. McNeany,
M. Cameron,
E. Rafferty,
P. McDonald,
A. Morrison**

6.0 Information Governance

The summary of information governance issues from April 2012 was noted. Esther and Brendan have met with Karin Brookes regarding options of storing patient records on the Muckamore Abbey Hospital site. John asked had the Moylena printer issue been resolved. Esther advised it had been and that the possibility of a secure printer was also being explored.

7.0 Statutory Functions

The interim Statutory Functions report is currently being drafted.

8.0 Adult Social and Primary Care Audit Report

Mairead presented the above. Mairead advised that there weren't many audits happening in Learning Disability and of the audits undertaken there was a lack of resolved recommendations. Mairead advised that these were being taken through the Audit Lead Meeting. John raised concerns that the service area was not contributing to the prioritisation of audit particularly around the areas of concerns. Mairead advised that Learning Disability were represented by Colin Milliken and Jenni Armstrong. Mairead to check Psychology representation on the Audit Lead Meeting and feedback to Philip. Audit to be raised at the Learning Disability Senior Management Team meeting.

M. Mitchell

J. Veitch

9.0 Health and Safety

Karen presented the health and safety briefing note to those present.

Ligature Issues – Karen advised that the next Ligature Awareness Session is being held on 30 November 2012. Karen asked that managers review whether they are compliant with EFA/2010/007 – Window blinds with looped cords or chains.

ALL

Carbon Monoxide (CO) Awareness Campaign – Karen advised that a carbon monoxide general health and safety risk assessment was circulated for comment during August 2012. The final version was approved of the Joint Health and Safety Committee on 03 October 2012.

ALL

BRAAT – Karen advised that returns have been received from Mount Oriel, Edgecumbe Day Centre, 80 Malone Road, Trench Park/Shaws Avenue and Hanna Street.

Safer Needle Devices Group – The Draft Regulations to implement the EU Directive on preventing sharps injuries in hospitals and the healthcare sector is out for consultation until 08 November 2012. The next meeting of the Safety Needle Devices Group is on 23 October 2012. Michael McBride is Learning Disability's representative on this group.

RIDDOR Reports – Karen advised that there were 19 over three days injuries, 3 major injuries (service user 1 and staff member 2) and 1 dangerous incident during April to September 2012. This compares to 12 over three day injures and 2 staff major injuries during April to September 2012. Karen advised that this was in keeping with Trust trends. It was agreed that a small group including Mairead and Karen would look into the rise in RIDDOR

incidents.

Annual Health and Safety Report – Karen advised that the Annual Health and Safety Report 11/12 was presented to the Joint Health and Safety Committee on 03 October 2012 and will be shortly distributed to Directorates.

Sample General and COSHH Risk Assessments have been revised and will be uploaded to the HUB shortly.

A Health and Safety Induction Leaflet and Checklist has been uploaded onto the HUB.

Health and Safety Training – Those present noted that forthcoming health and safety courses could be booked through TAS or by contacting Julie Gilmore.

10.0 Any Other Business

10.1 Controlled Drugs Checks

Mairead presented the controlled drugs checks report. Mairead congratulated Muckamore Abbey Hospital staff on the excellent results and advised that the issue in Donegore had been resolved.

10.2 Learning from Serious Adverse Incidents from October 2011 to March 2012, HSCB and PHA

Mairead presented the above report and advised these reports were good for learning. Mairead asked whether Muckamore Abbey Hospital used PEWS and advised that work may be needed around this if not. Esther to speak to Michael McBride regarding this. Mairead advised that Service Managers within Learning Disability now attended the SAI Recommendation Group where important learning would be shared.

E. Rafferty

10.3 Responsibility of doctors in protecting children and young people

Mairead advised that Maria O’Kane had sent out guidance from Royal College of Psychiatrists to all doctors. Esther to speak to Colin Milliken regarding getting Geraldine Sweeney to attend one of the Medical Strategy Meeting to give doctors the opportunity to raise any issues.

E. Rafferty

10.4 Investors in People

Mairead advised that the Trust goes in for re-accreditation in March 2013. A mock assessment has taken place. This included a traffic light survey in which there were no reds, 13 ambers with the rest green. Mairead advised that all indicators needs to be green by December. Mairead advised that the Directorate is giving a presentation at the end of November – Neil Kelly and Rhoda Scott have been heavily involved in this. Mairead asked that managers ensure that there is a five objectives poster displayed in their wards/facilities/teams once circulated by Maurice O’Kane and ensure that staff can relate their jobs to this.

ALL

10.5 Guidance on the cleaning of sinks

Mairead referred to the guidance from the DHSSPS regarding the cleaning of sinks following the pseudomonas virus. Mairead emphasised the need for staff to comply with this guidance and that if any areas are not compliant

ALL

that capital bids should be placed if needed.

10.6 Promoting Quality Care – Guidance on the Assessment and Management of Risk – Inspection by RQIA

Mairead advised that the final report for the above had now been circulated. Mairead advised that this report was an overarching report for all Trusts in Northern Ireland. Mairead advised that a group was being set up to take recommendations forward and if anyone was interested in joining this should put their name forward. Aine asked to be part of this group.

10.7 Representation on Children’s Disability and Learning Disability Governance Group

John asked that should anyone not be available to attend the above meetings that they send a representative.

ALL

11.0 Date of Next Meeting

The next Clinical and Social Care Governance Committee will be held on 03 January 2013 at 9.30 a.m. **in Conference Room 2, Fairview.**

Community Integration Project (from Muckamore Abbey Hospital)

The Belfast Trust remains fully committed to the achievement of the objectives of the Regional Community Integration Project, led by the Board, to improve the quality of life of individuals who no longer require hospital assessment or treatment through their discharge to the community. In accordance with the vision and aims of “Equal Lives” a core principle of this approach is to provide “betterment” for each individual and to maximise their independence and control over their lives.

Within this context the Trust continues to implement the Project’s requirement for a Ward by Ward approach to the resettlement of individual patients from Muckamore Abbey Hospital. This is predicated on the importance of individual comprehensive, multi-disciplinary assessments being undertaken to inform future requirements for community care and the full participation of patients and their relatives. This is reflected in the arrangements which continue to be applied at Muckamore Abbey Hospital. These include the following:-

- Meetings take place weekly on the wards currently identified for closure. These meetings are attended by the Multi-disciplinary Hospital Team including Medical, Nursing, Social Work and Allied Health Professional staff. Community based staff from the Community Trust of origin (Belfast, South Eastern or Northern) of the individuals being discussed also attend. Patients (subject to their capacity), their Advocates and also their relatives are invited to these meetings in order that their views are given due cognisance and they are afforded an opportunity to raise any queries or concerns.
- Full and comprehensive multi-disciplinary assessments are undertaken in relation to each patient being considered for resettlement. This process includes full consideration of any risk factors and also utilises a “person centred” assessment tool.
- A central component of these processes is the involvement and participation of relatives/carers who are invited to an initial meeting to discuss the resettlement process and at key intervals thereafter including when assessments have been completed, when potential future care providers are being considered/identified and when discharge plans are being formulised. As part of this process relatives are asked to complete a questionnaire which includes an opportunity to express their view regarding future placement options. This information forms an important component of the multi-disciplinary assessment.
- Each patient is allocated a member of Care Management staff from their Community Trust of origin who has a specific role in identifying, matching and co-ordinating a suitable community placement to meet the individual’s assessed needs. These staff work closely with Hospital staff and the matching process follows the comprehensive ward based assessment of need including the views of patients and their relatives and the development of an individual care plan.

- Individual care plans can take a significant time to develop and potential placements are only considered after the wishes and specific needs of individuals and their relatives have been sought. Through the Project arrangements it is acknowledged that there is currently a “limited market” and need for significant expansion of community provision in Northern Ireland which, it is hoped, can be achieved through the completion of formal procurement arrangements. On occasions, at present, the provision of a suitable placement may not be available in the short to medium term and may require the development of a bespoke package of care. This can, for example, require significant refurbishment of existing accommodation, new build accommodation, staff recruitment to meet assessed needs etc. Of necessity such planning requires close partnership working with other agencies including the Northern Ireland Housing Executive, potential providers from the voluntary and private sectors and the Regulation and Quality Improvement Authority to ensure that the best outcomes are achieved and high quality standards met. Fundamental to these processes is continuing consultation with individuals and their families and a requirement to take their views fully into account.
- When a suitable placement has been identified (consistent with the principles of the Project outlined above) Trust staff, both community and hospital based, engage with the identified Provider to ensure adequate introduction and induction involving the Service Provider, the Service User, their family and the hospital. This is to ensure that the future Service Provider is fully aware of the individual’s specific and often complex needs identified through the comprehensive assessment processes. This process can involve the new Provider working alongside staff within the hospital for a number of weeks and prior to any initial discharge arrangements a detailed care plan is agreed and approved by the Multi-disciplinary Team. This information is also shared with the individual and their next of kin/Advocate. Final discharge only occurs when the trial placement is formally reviewed. Significant factors during this planning and discharge phase involve ensuring satisfactory support and skill mix arrangements within the new placement and compliance with regulatory requirements. These are informed through the role of the Regulation and Quality Improvement Authority including the requirements in relation to staff qualifications and training and the Northern Ireland Housing Executive’s Houses of Multiple Occupancy Regulations.
- Initial placement is often on the basis of introductory visits followed by longer periods prior to final discharge. Regular reviews are built into this process so that the care plan is a living document, taking account of any changes or developments in the Service User’s presentation and needs. If necessary additional services can be engaged including Behavioural Support, Mental Health Therapeutic Services in addition to a range of Medical, Nursing and Social Work inputs.

- A central requirement and expectation throughout the above processes is continuous engagement by Trust staff with Service Users and their families and ensuring their views are fully considered and all community placements meet the Project's requirements in relation to "betterment" and enhancement of each individual's life. Through the Community Integration Project arrangements the Trust awaits development of the outcome framework to more robustly underpin this process.
- Experience demonstrates that the success of community discharge arrangements has a close correlation to the quality and comprehensiveness of the multi-disciplinary assessment and discharge arrangements including the provision of community support arrangements. Within this context the Trust welcomes the additional investment being provided over the next three years to enhance Community Infrastructure, Treatment and Support Services to support community placements and prevent placement breakdown and/or the prospect of any future inappropriate hospital admission. Community based multi-disciplinary reviews are an integral aspect of all community placement arrangements and include responsibility for any contingency planning which may be required in relation to any aspect of the Service User's care plan.

Finally the Trust can confirm that, in partnership with the Northern Trust, it is in continuing discussion regarding the potential development of a supported housing development on land adjacent to Muckamore Abbey Hospital. The Trust recognises that such a development must be needs led as a result of individual multi-disciplinary assessments consistent with the principles of the Project and not be developed on account of its location. The Trust acknowledges that this development MAY have the potential to realise "betterment" for a small number of current patients at Muckamore Abbey Hospital and will keep the Department apprised of the outcome of the current deliberations. Such a proposal would provide a distinct supported housing community based service separate from any hospital/institutional care.

The Trust's priority remains the provision of safe and effective care at Muckamore Abbey Hospital during this transitional period and is affording considerable attention to individual care planning as outlined above. The Trust is also acutely aware of the staffing requirements for the core hospital beyond 2015 and the reduction in current staffing levels associated with this Project. This remains the subject of continuous review to ensure safe and effective care is maintained.

10th January 2013

BELFAST HEALTH AND SOCIAL CARE TRUST

MUCKAMORE ABBEY HOSPITAL

Note of Hospital Modernisation Meeting

held on Friday 9 January 2015

in Cranfield Meeting Room, Muckamore

Present:

Mr J Veitch, Co-Director of Learning Disability (Chair)
Mrs E Rafferty, Service Manager of Hospital Services
Dr C Milliken, Clinical Director
Dr K Humphries, Consultant Psychiatrist
Mr B Mills, Clinical & Therapeutic Service Manager
Mrs F Davidson, Service Improvement Manager
Dr D Hughes, Consultant Psychiatrist
Ms A Morrison, Service Manager
Mrs A Dunn, Northern Trust
Mr I Eilian, HSCB
Ms R O'Neill, South Eastern Trust
Ms C Wilson, Southern Trust
Dr K Cousins, Specialist Registrar

Apologies:

Ms N McComiskey, Southern Trust
Mr B Ingram, Business & Service Improvement Manager
Mrs M Mitchell, Senior Manager of Service Improvement & Governance
Mrs R Harkin, Co-Director Western Trust
Mrs C Veitch, South Eastern Trust

WELCOME AND INTRODUCTIONS

Mr Veitch welcomed everyone to the meeting, introductions were made.

Mr Veitch gave the background of this meeting to the group. He explained that the overriding issue is to try and have a vision of the Hospital exclusively meeting the needs of Learning Disability Patients needing assessment and treatment. A number of internal meetings have previously taken place looking at trends and patterns of admission to the hospital.

Mr Veitch reaffirmed the Terms of Reference of the group.

PRESENTATION RE BACKGROUND AND CURRENT PLANNING ISSUES

Mrs Davidson gave a presentation on the background and current planning issues to the group.

Mrs Davidson highlighted Out of Hours admissions which are not all unplanned admissions and this could have a knock on effect on future configuration.

On the basis of a review undertaken by medical staff there is 80% of admissions that could be potentially avoidable if there was the right infrastructure in the Community across all 3 Trusts.

55% of safeguarding incidents involves Delayed Discharged or PTL patients. For two patients we've had to create independent living arrangements and due to this the incidents have reduced. Mr Veitch highlighted that we are having to create a Social Care Setting within this Hospital. It is a moving changing situation and we would not be able to sustain that without the Board's support for funding both a hospital and a broad range of social care placements on the site.

Mr Veitch spoke about Workforce Review and how the lack of revenue funding for skill mix prevented full hospital services.

Mrs Rafferty has raised the issues of Nursing Workforce and AHP's with Molly Kane and the PHA. Mr Veitch added that this has also been raised on a number of occasions with the HSCB through routine meetings.

Mr Veitch spoke about Skill Mix and how future input of professional skill mix and staff is also now being highlighted by the RQIA through Inspection process and was a key issue in relation to planning future hospital services.

Mr Veitch thanked Mrs Davidson, Mr Ingram for the exceptional work preparing the presentation, which will be circulated to the group following this meeting.

UPDATE ON INDIVIDUAL TRUSTS' COMMUNITY INFRASTRUCTURE ENHANCEMENT AND DEVELOPMENT

Mr Veitch spoke about how 14/15 is the final year for funding through IPT. Mr Veitch noted that Mr Murray recently confirmed funding for 2014/15. Once that is available we will proceed with drawing up a the remaining required Skill Mix for the Community Infrastructure.

Ms Morrison updated the group on Belfast Trust's position.

Ms Morrison spoke about plans for four community teams, they will include Social Work and Nursing Care Professionals and a range of other professionals, Occupational Therapy and Speech and Language, we are moving toward psychology into teams and Behaviour Nursing within teams. We've also strengthened Allied Health Professional resources within teams, we want to strengthen these up with Mental Health pressures and Challenging Behaviour pressures. Ms Morrison hopes it will be a preventative

service, which will then be backed up by Psychological Therapy Service and remodelled Behaviour Services. Challenging Behaviour and Mental Health management – Ms Morrison explained that this will be a rapid response team with a potential on-call model. Mr Veitch feels the issue with that is existing staff and existing contracts. Ms Morrison explained that the team will be led by Consultant Psychologist and a Team Leader has been appointed.

Mr Veitch spoke about this year's funding, when confirmed, we get all the job descriptions ready to complete this infrastructure urgently, he asked Ms Morrison to link in with Dr Milliken. **ACTION:** Ms Morrison

Mrs Dunn updated the group on the Northern Trusts position.

Mrs Dunn explained that they are looking at 3 community learning disability teams with Social Work, Nursing, Occupational Therapy as core components. Psychology input, Behaviour Support is additional. Mrs Dunn will confirm funding with Mr Murray as she feels Northern Trust didn't receive the same as the Belfast Trust i.e. funding for years 2 and 3. Mr Veitch explained that Muckamore has to take the decision to start being a Hospital and stop admitting people who should be accommodated in Social Care settings. Mrs Rafferty feels that if all Trust areas are not developing their Community Infrastructures at the same time then it won't improve the patient journey and will lead to ongoing inappropriate admissions.

Ms O'Neill, updated the group on the South Eastern Trust's position.

Ms O'Neill noted that her Trust is hoping to develop something similar to Belfast Trust's model. They are also looking the provision of Step up/Step down beds which could help with prevention of admission to Hospital.

It was agreed that the plans regarding the Community Infrastructure should be shared and this would be helpful in planning for the future hospital needs. Ms O'Neill will report back accordingly.

IDENTIFICATION OF ANY OUTSTANDING INFORMATION/DATA REQUIREMENTS

Mrs Rafferty made reference to the community information and in particular the cases that we have identified where the admission could have been prevented. Mrs Rafferty will break this down by name of patient and share with each Trust. Dr Hughes feels that this could be a starting point for Trust's Community Infrastructure Planning as the teams will need to be tailored to meet the needs of these people.

STAFFING AND SKILL MIX REQUIRED FOR MODERN HOSPITAL

It was noted that no Occupational Therapy posts have revenue funding and this has been highlighted to the Board. Mrs Rafferty informed the group that she has carried out a piece of work with OT and 5wte would be required across a range of bandings/skill set. This is consistent with the national norms.

In relation to Speech & Language, there is 1wte post spread across all wards. It was agreed that this will require further investment. Speech and Language is vital.

There is also a very limited Physio resource of 1wte for the Hospital. Dietetics is only 0.4wte.

Behaviour Nurse – 2 wte funded posts for the whole hospital.

Psychology – 1 wte for forensic patients and for the rest of the Hospital we have an additional 1wte. Dr Hughes highlighted importance of this element of skill mix.

Social – 1 wte Senior Social Worker and 2 wte Social Workers for the whole hospital limiting which is limiting. The majority of time is taken up by Mental Health Review Tribunals and VA processes. There is a need to develop therapeutic social work support.

Mrs Rafferty also spoke about how Nursing Ratios within Core Wards are not at Therapeutic Levels. Molly Kane (PHA) has agreed to look at this. Mr Veitch spoke about the Cost Pressures and how they are currently the equivalent to 3 million per annum due to specialising requirements.

Dr Hughes spoke about the Medical Team and how Dr Humphries new appointment will make it 2.5 wte Consultants for the 87 beds compared to Mental Health where they have 3 Consultants for 37 beds in Knockbracken and in Beechcroft there is 1 Consultant for 8/9 beds. Mr Veitch explained that this has been raised by RQIA and it is something we have to formally highlight as a skill mix pressure. Mr Veitch also acknowledged that in strengthening Community Infrastructure the Consultant input will be very important.

The group noted the community infrastructure development within the Southern Trust. Mrs Rafferty will contact Noreen McComiskey re Bluestone and open it up to the Northern and Western Trusts to discuss their services.

It was suggested the name of the Hospital may be a consideration when we move to the new Treatment and Assessment service.

ANY OTHER BUSINESS

Next Meeting

Mr Veitch emphasised the importance of having the right people from other agencies at the next meeting so they can make decisions.

DATE, TIME AND VENUE OF NEXT MEETING

Friday 6 March 2015 at 2.00pm in the Boardroom, Admin Building, Muckamore.

BELFAST HEALTH AND SOCIAL CARE TRUST

MUCKAMORE ABBEY HOSPITAL

Note of Hospital Modernisation Meeting

held on Friday 6 March 2015

in Boardroom, Admin Building, Muckamore

Present:

Mr J Veitch, Co-Director of Learning Disability (Chair)
Mrs E Rafferty, Service Manager of Hospital Services
Dr K Cousins, Specialist Registrar
Dr C Wilson, Belfast Trust
Mrs A Dunn, Northern Trust
Mrs C Veitch, South Eastern Trust
Dr K Humphries, Consultant Psychiatrist
Mrs M Mitchell, Senior Manager of Service Improvement & Governance
Mrs F Davidson, Service Improvement Manager
Mr I Eilian, HSCB
Dr C Milliken, Clinical Director
Dr D Hughes, Consultant Psychiatrist
Ms R O'Neill, South Eastern Trust
Mr A Walsh, Health & Social Care Board
Mrs M Kane, Health & Social Care Board
Ms N McComiskey, Southern Trust

Apologies:

Mr B Ingram, Business & Service Improvement Manager
Mrs R Harkin, Co-Director Western Trust
Ms A Morrison, Service Manager
Mr B Mills, Clinical & Therapeutic Service Manager

PREVIOUS MINUTES

Minutes of previous meeting held on 9th January 2015 were agreed.

RECAP ON PROGRESS TO DATE

Mr Veitch made reference to the Terms of Reference of this group and the importance of completing this project within the forthcoming months. This will however require the discharge of all current service users in quasi social care placements on the hospital site including the remaining PTL patients and the additional significant group of delayed discharges. Funding to achieve this will be essential for this group to continue to have a purpose.

Mr Veitch also made reference to the original business case prepared some years ago which envisaged a core hospital of 87 beds. This no longer appeared to be an appropriate model as no more than 40 patients have been in active assessment or treatment at the hospital in recent years. The final configuration will however have to be determined and informed by the robustness of the Community Care and Treatment infrastructures within referring Trusts and in particular Belfast, South Eastern and Northern Trusts.

SUMMARY BY TRUST OF REMAINING PTLs AND FUNDED/UNFUNDED DELAYED DISCHARGES

Mrs Rafferty informed the group that currently the hospital continues to accommodate 38 PTL patients, 16 are Belfast Trust, 10 are Northern Trust, 11 are South Eastern Trust and 1 is Southern Trust. Mrs Rafferty noted that while final discharge for some Belfast patients were delayed as far forward as June 2016 concrete plans are in place for all those remaining on PTL list.

Belfast Trust has 5 funded Delayed Discharges and 11 unfunded Delayed Discharges.

Dr Hughes noted that there is now another 4 patients fit for discharge within the hospital and this will have to be factored into Trust figures following this meeting.

It was agreed that each Trust should continue to liaise closely with the HSCB through Mr Murray and Mr Walsh to correlate available funding through PTL and complex needs streams against these patients and identify cost pressure in relation to the HSCB and Trusts' imperative to meet their statutory responsibilities.

DETAILED UPDATES FROM TRUSTS REGARDING COMMUNITY INFRASTRUCTURE IPT INVESTMENTS TO DATE AND REMAINING PLANS FOR ADDITIONAL 2014/15 FUNDING

Mr Veitch and Mr Walsh referred to the substantial 3 year investments through the IPT processes which had been made available to each Trust and the expectation and requirement for full and effective investment to facilitate the modernisation of Muckamore Abbey Hospital, end and prevent further social care placements on this site and facilitate the assessment and treatment of patients requiring hospital care.

For the Belfast Trust Mr Veitch confirmed that the total investment over the 3 years was being deployed to enhance Multi-disciplinary Community Care and Treatment Services including the provision of Senior Medical and Psychological Services. Final recruitment was now being completed and it was also anticipated that an enhanced Hours Service will be in place during the Autumn 2015.

For the Northern Trust Mrs Dunn noted that some clarification remained outstanding in relation to their 2014/15 IPT investment. Mrs Dunn indicated that this should provide a focus on challenging behaviours and there were also plans in place for an additional bed at Woodford.

For the South Eastern Trust Mrs Veitch indicated plans were being put in place for this finance will be deployed for the purposes highlighted in their IPT submissions to the HSCB and they were currently in discussion with Finance colleagues regarding this.

Mr Veitch and Dr Milliken emphasised the importance of full investment by all Trusts particularly the Belfast, South Eastern and Northern of this Community Care and Treatment funding as quickly as possible to prevent further and repeated inappropriate social care placements on the hospital site thus negating any prospect of hospital modernisation for the foreseeable future. Mr Eilian indicated that from the HSCB perspective he was satisfied from information available to him that all Trusts were satisfactorily addressing this agenda. Mrs Kane indicated that in the event of any concern regarding this matter she would be pleased to follow up and provide and necessary support.

Some discussion also focused on the development of the Community infrastructure within the Southern Trust and Ms McComiskey provided detailed information on this and reinforced the importance of this in preventing inappropriate hospital admissions. She would be pleased to facilitate any visits to these services in the Southern Trust if others thought that this would be useful.

Given the potential concern highlighted Mr Walsh indicated that following this meeting he would seek detailed information from his Accountant colleagues in each of the 3 Trusts regarding the investments made to date in relation to the additional Community Care and Treatment funding which had been provided by the HSCB. This, if necessary, can be the subject of further discussion/clarification at future meetings. It was agreed that each Trust would also provide further detailed information on their local investments at the next Hospital Modernisation meeting.

ANALYSIS AND DISCUSSION REGARDING PREVENTABLE SOCIAL CARE ADMISSIONS

A qualitative analysis summary of admissions during the period August – November 2014 was circulated and Mrs Davidson provided a brief presentation. It was noted that a further analysis of the source of readmissions would be helpful and hospital staff undertook to review this. Dr Hughes also highlighted concerns regarding inappropriate crisis admissions occurring out of hours through the involvement of ASWs and GPs and queried whether there may need to be additional training initiatives surrounding this.

Some concern was also expressed that the continuation of inappropriate social admissions to Muckamore may also be creating additional subsequent requirements for high cost alternative community placements which could be prevented and thus have a positive impact on longer term budgets. This again reinforced the urgency and critical importance of effective and urgent Community Care and Treatment Services being operationalized immediately within Trusts. Within this context it was noted that only 43 patients at Muckamore are currently in active treatment which compares with an average of between 35-38 in recent years. This was the subject of extensive discussion.

STAFFING AND SKILL MIX FOR FUTURE CORE HOSPITAL

Some discussion focused on continuing and increasing concern regarding the current skill mix at Muckamore to function as a modern hospital. This was also an issue which was now being highlighted repeatedly through RQIA Inspections and Improvement Plans in response to which the Trust did not have the available revenue funding to respond adequately.

Issues which had been highlighted and remained sources of acute concern included the inadequate Consultant sessions available to the hospital and the inappropriate skill mix between Band 3 and registered Nurses in response to which Mrs Rafferty and Mrs Kane indicated that they were already involved in analysing and seeking to address from their professional perspective. It was however acknowledged that in order to do so may require significantly additional funding rather than any anticipated savings through the elimination of social care placements. Dr Milliken also noted e.g. that Dr Hughes currently had responsibility for 29 inpatient beds which was at extreme variance with Royal College expectation but also compared extremely unfavourably with practice elsewhere within Learning Disability / Mental Health Services across Northern Ireland. This also reflected the existing pressures within community outpatient work across the Belfast, South Eastern and Northern Trusts. It was therefore essential that all Trusts in enhancing their Community Care and Treatment infrastructures gave full cognisance to this reality.

Very significant concern had also been raised regarding the inadequacy of AHP and Psychology Services available to hospital patients. Again this was also a major issue for RQIA to which the Trust cannot currently respond positively in the absence of the required revenue funding and presented a real threat of "Failure to Comply Notices". At present other than short term commissioned Occupational Therapy resource for Resettlement there is no revenue funding for any Occupational Therapy for patients in assessment/treatment. Speech and Language and Psychology inputs were also recognised as piecemeal and inadequate and would require significant additional investment in order to meet minimum standards. This was particularly significant as the Trust is currently seeking accreditation by QNIC (Royal College Quality Network for Inpatient Care) but it was recognised that such accreditation would not be achieved without significant enhancement of multi-disciplinary skill mix within the hospital.

In relation to this issue and also the broader context of the interface between hospital and community services Mr Veitch indicated that over the next number of months the Trust planned to undertake a "benchmarking" exercise which will inform not only the work of this group but the broader planning context.

ANY OTHER BUSINESS

Some discussion focused on the current and acute pressures within the hospital of having to manage a predominately social care population for whom bespoke care placements were having to be provided alongside a smaller number of patients receiving assessment and treatment. Risk management considerations prevented these two distinct group of service users being managed in separate physical environments. This continued to be detrimental and at times potentially harmful to the individuals concerned and impacted on treatment duration and outcomes.

Dr Milliken also noted the work currently being commenced in relation to a Regional Bed Protocol which also have to be considered and factored in to the final recommendations of this group.

DATE, TIME AND VENUE OF NEXT MEETING

Friday 19 June 2015 at 2.00pm in the Boardroom, Admin Building, Muckamore.

5.112

BELFAST HEALTH AND SOCIAL CARE TRUST

MUCKAMORE ABBEY HOSPITAL

**Note of Hospital Modernisation Meeting
held on Friday 19 June 2015
in the Boardroom, Admin Building, Muckamore**

Present:

Mr J Veitch, Co-Director of Learning Disability (Chair)
Mrs E Rafferty, Service Manager of Hospital Services
Dr K Cousins, Specialist Registrar
Mrs S Shepherd, South Eastern Trust
Mrs A Dunn, Northern Trust
Mr I Eilian, Health and Social Care Board
Mrs E Rafferty, Service Manager, Hospital Services
Mrs M Mitchell, Senior Manager, Service Improvement & Governance
Mr B Mills, Clinical & Therapeutic Services Manager
Dr K Humphries, Consultant Psychiatrist
Dr P Ling, Speciality Registrar
Ms A Morrison, Service Manager
Mrs C Veitch, South Eastern Trust

Apologies:

Mr A Walsh, Health and Social Care Board
Mrs M Kane, Public Health Agency
Mr B Ingram, Business & Service Improvement Manager
Mrs F Davidson, Service Improvement Manager
Dr C Milliken, Clinical Director

PREVIOUS MINUTES

Minutes of previous meeting were held on 6 March 2015 were agreed.

**SUMMARY BY TRUST OF REMAINING IPTS AND FUNDED / UNFUNDED
DELAYED DISCHARGES**

Mrs Veitch noted that the South Eastern Trust has 5 PTL patients left who all have plans for around September 2015. They have currently 10 delayed discharge patients and Mrs Veitch plans to meet with Mr Walsh, Health & Social Care Board to confirm funding available for the delayed discharge population.

Mrs Dunn informed the group that the situation with the Northern Trust is very much the same. Mrs Dunn confirmed that they are aiming for Autumn 2015 for placement of the Northern Trust remaining PTL population. Mrs Dunn also indicated that she would check and confirm funding arrangements and plans for the delayed discharge population.

Mrs Rafferty noted that of the remaining 18 Belfast Trust PTL patients all plans are in place but final discharge had been delayed for a significant number by the timescales for Dymrna House and the procurement of Nursing Home placements in the continuing absence of regional procurement and tendering arrangements. Plans were however progressing for the other PTL patients to be discharged during the Autumn to identified placements (both Supporting People and Nursing Home). Mr Veitch again highlighted the Trust's concern regarding the limited funding available to expedite the discharge of the growing and significant population of the delayed discharges now in excess of 40. While welcoming additional investment in-year this was far from adequate at present to address this issue and funding was confined to children transitioning, older carer pressures and limited funding to each Trust for complex needs. Unless resolved this will continue to leave Muckamore Abbey Hospital as a significant social care campus with a minority of patients receiving treatment and will negate the possibility of this planning group making any progress. It was acknowledged that at some point these issues may have to be more robustly escalated.

DETAILED UPDATES FROM TRUSTS REGARDING COMMUNITY INFRASTRUCTURE IPT INVESTMENTS AND TRUST REVIEWS OF PATIENT PROFILE INFORMATION

Ms Morrison confirmed that the Belfast Trust had now invested the totality of the significant additional funding provided through IPTs from the Board although some posts were still in recruitment phase. Successful applicants should however be in post by the early Autumn. This investment recognised the important role of community teams in supporting service users and preventing inappropriate hospital admissions and therefore there had been some additional investment in skill mix and care management including some additional psychology investment. Investment had also been directed to an intensive support team and additional specialist behaviour support and plans were in preparation for the piloting of an out of hours service initially to 8.00pm around November 2015. Ms Morrison also noted that the funding and recruitment of an additional full time Consultant Psychiatrist was a key component in strengthening community care and treatment services.

Mrs Dunn informed the group that investment within the Northern Trust has taken longer to plan and the resettlement team is continuing to focus on this work. It was also noted that some finance has been identified for respite and there were longer term plans to develop a support team which would assist with crisis situations. There were also posts proposed for recruitment at Band 3 and 5 levels and one additional Band 7 post. Plans to develop an out of hours service were at an early stage but there was a possibility of investing some finance to supplement the RAID service which currently has a primary focus on Mental Health. Mrs Dunn confirmed that at present the Trust had not identified a requirement to deploy additional funding towards the supplementation of community psychiatry.

Mrs Veitch noted that the South Eastern Trust has a tiered approach similar to Belfast Trust's community teams. The Trust is deploying additional investment in care teams, speech and language therapy and behaviour support. They are also looking at the option of recruiting Band 5 support workers who could be deployed to patients' homes

including, if necessary, care settings. The use of a bed in Struel Lodge is also being reviewed in relation to a potential step up step down service. At present the South Eastern Trust has no current plans to deploy finance towards strengthening community psychiatry.

PREVENTABLE SOCIAL CARE ADMISSIONS AND NATIONAL BENCHMARKING REFERENCE HOSPITAL AND COMMUNITY SERVICES

Mr Veitch referred to the previous presentation and discussion regarding the pattern of preventable admissions and that in order to achieve the modernisation of Muckamore Abbey Hospital there needs to be a point at which all "social care" admissions are adamantly refused and referred back to the enhanced community care and treatment structures within Trusts. Considerable discussion ensued which highlighted the importance of changing the perception of the hospital as a place of safety for learning disabled people when community services fail or are inadequate. It was acknowledged that as part of this process there needed to be more effective and robust engagement with ASWs and General Practitioners. There also required to be a much firmer and consistent approach with voluntary and independent providers referenced to their contractual obligations both to service users and commissioning Trusts. Within this context it was noted that many inappropriate requests for admission related to the management of challenging behaviours.

Mr Veitch noted that in order to assist with these challenges this group needed to undertake effective benchmarking with similar services elsewhere. Mrs Rafferty made reference to the planned engagement of the hospital with QNIC with reviews planned from October 2015. This should not only assist with benchmarking but also provide an assessment against national standards and progress. It was however again noted that these issues could only begin to be satisfactorily addressed when all PTL and delayed discharge populations have been finally discharged.

STAFFING AND SKILL MIX FOR FUTURE CORE HOSPITAL

It was again noted that the funded skill mix at Muckamore Abbey Hospital was not fit for purpose for a modern hospital.

In relation to nursing Mrs Rafferty, in consultation with Mrs Kane, continues to work on reviewing the skill mix which currently is 50:50 qualified and unqualified. This is work in progress but an acceptable standard would likely represent 70:30. This however must be aligned to local and national professional standards and expectations.

There were similar issues in relation to psychiatry with approximately 2.0 wte within the hospital which bore no resemblance acceptable standards within Mental Health and Learning Disability services elsewhere regionally. Mr Veitch confirmed he had asked Dr Milliken to prepare a brief paper highlighting these concerns with reference to similar local services, college guidelines etc. Current pressures were significantly exacerbated by social care admissions, associated challenging behaviours and the extremely detrimental effect of social care placements having to be managed alongside patients requiring acute assessment and treatment.

In relation to other funded skill mix within the hospital it was noted that:-

- In addition to a specialist forensic psychologist there is a total of 1 funded psychology post for the hospital.
- Occupational therapy has no funded establishment at all for the hospital with current input funded short term and confined specifically to community integration.
- Funded physio establishment for the totality of the hospital is 0.8 wte, funded dietician is 0.4 wte and a total speech and language funded input of 1.6 wte.
- There is zero funded pharmacy assigned to the hospital.

Some discussion also focused on current staffing pressures within the hospital caused by the current configuration of people being accommodated on the site. Mrs Rafferty outlined the extent of these pressures and continuing proactive and robust strategies being deployed to achieve an improvement. This was also representing a very significant cost pressure which was having to be addressed in partnership with the Board on a rolling basis.

Reference was also again made to the hospital's concern regarding the continued failure to comprehensively address the clear discrimination effecting those people living at Muckamore in relation to primary care services. Within this context it was again noted that those living at Muckamore for over 6 months are automatically removed from their GP's list and that while the Trust has been proactive in providing a uncommissioned GP out of hours service this did not afford access to full range of primary health services. It was agreed that this also remained a human rights issue which remained unresolved despite strong and persistent representations from the Trust for this commissioning gap to be addressed. Mr Eilian agreed to again bring this issue back to the Board and PHA for further discussion and report back as quickly as possible.

FUTURE BED REQUIREMENTS AND WARD CONFIGURATION

Mrs Rafferty reported that at present there are approximately 120 service users resident at Muckamore with approximately 40 receiving treatment. Regrettably if this position remains unresolved it will prevent the closure of 2 resettlement wards originally planned for March/April 2015. It was agreed that our next meeting should focus on the outcome of the benchmarking referred to above in order to inform decisions regarding the future configuration and staffing of the hospital.

DATE, TIME AND VENUE OF NEXT MEETING

Friday 27th November 2015 at 2.00pm in the Boardroom, Admin Building, Muckamore

Templer, Sara

From: Kerr, Hayley on behalf of McNicholl, Catherine
Sent: 0 December 2012 0 :50
To: Veitch, John
Cc: McNeany, Barney; Cameron, Margaret; Rafferty, Esther; OKane, Maurice
Subject: FW: Additional Resources Pa er
ttac ment : community integration ro ect - a er for additional resources - 0 .12.12.doc; resettlements. ls

Thanks John and all

Happy for you to go ahead and submit to the Board.

Many thanks,

Catherine

Mrs Hayley Kerr
on behalf of Catherine McNicholl
Director of Adult Social & Primary Care
Belfast Health & Social Care Trust
Headquarters, A Floor, Belfast City Hospital
Lisburn Road, Belfast, BT9 7AB
Tel: 028 950 40125

From: rr **On Behalf Of**
Sent: r 2 12 12 21
To: M r
Cc: M r r M r r r r M r rr
Subject: dd r r

Catherine

Please find attached proposal and costing proforma in relation to additional staffing resources associated with the Community Integration Project. As you should be aware this bid has been invited by the Board. If content I should be grateful if this could be URGENTLY forwarded to Fionnuala with copies to Aidan Murray, Adrian Walsh and Seamus Logan.

John

This message contains information from Belfast Health and Social Care Trust which may be privileged and confidential. If you believe you are not the intended recipient any disclosure, distribution or use of the contents is prohibited. If you have received this message in error please notify the sender immediately.

From: r r
Sent: 2 r 2 12 1 1
To: rr M r
Cc: M r r M r r
Subject: dd r r

John

I had discussed this paper with Catherine McNicholl and she had asked me to get the finance template completed and verified with M Blaney and also to include administrative support also required to the project. Michael and Paidi have confirmed they are now happy with this

Esther Rafferty
Associate Director of Learning and Children Disability Nursing
Service Manager
Muckamore Abbey Hospital
1 Abbey Road
Antrim

Mobile **RO1**
02894 463333

Community Integration Project – Paper for Additional Resources

Background

The Belfast HSC Trust remains fully committed to the completion of resettlement for patients with a Learning Disability who no longer require active Hospital treatment. Resettling the remaining patients at Muckamore Abbey Hospital requires careful person centred planning, the demonstration of betterment for each patient and full engagement with the Multi-disciplinary team in order that the Trust can fully meet Ministerial targets.

Our experience demonstrates that, as the resettlement process progresses, the individual service users involved in resettlement have increasingly complex needs. Therefore the need for detailed multidisciplinary and multiagency working and for skilled clinical input, to plan and meet a range of challenges, including mental illness, epilepsy, forensic and other complex medical needs is creating ever greater demands on clinical time.

Medical Team Job Plans have recently been reviewed and reorganised and the Trust has identified the urgent need for increased clinical capacity through a temporary expansion of the Consultant workforce in the Psychiatry of Learning Disability in order to more actively make progress on the resettlement project.

Proposal

Additional Consultant psychiatric input, focused solely on resettlement, will allow an effective team structure to develop, delivering safe and effective plans for patients from all community Trusts, building on investment in Nursing, Care Management and Occupational Therapy. Quality will be improved, and a fragmented approach avoided through the development of a dedicated team-based approach. This additional clinical resource will be devoted solely to the completion of resettlement by the end of March 2015.

When resettlement is complete, this clinical resource subject to review could be refocused on reducing, and where possible preventing, Hospital admissions. The HSC Board has made a significant investment in developing a putative intensive support team with the aim of ensuring Service Users remain supported in the community. The initial investment (Year 1 of 3) made by the HSC Board includes funding for 0.2 wte Consultant Psychiatrist. Trust plans recognise that in years 2 and 3 additional support for developing community psychiatry will be required to ensure the aims and objectives of the intensive support team are fully met. The psychiatrist will be involved, with other disciplines and management, in designing and delivering a high quality home treatment/intensive support model for Learning Disability. The literature base and clinical experience describe models which could clearly reduce admission rates and ensure there is no “next generation” population of Service Users who require resettlement.

Additional Investment Benefits.

The recent team job planning process demonstrates that, with this proposed Consultant expansion, existing resources could be redeployed to provide much needed community forensic services across the Trusts, streamlining existing provision to develop a single Consultant input to the South Eastern Trust and dedicated Consultant input to CAMHS LD services, both in Iveagh and in community Trusts.

FUNDING

The Trust seeks to accelerate the proposal to initially establish Consultant Psychiatrist input into the resettlement project and then into an intensive support team. We seek to enhance community infrastructure to fund 0.8 whole time equivalent Consultant Psychiatrist in Learning Disability to underpin the existing investment in the intensive support team and allow the Trust to realise the additional benefits identified above.

Community Integration Project – Nursing Resource Requirements

Ward Staffing

Background

The Belfast HSC Trust is fully committed to the completion of resettlement for patients with a Learning Disability who no longer require active Hospital treatment. Resettling the remaining patients at Muckamore Abbey Hospital requires careful person centred planning, the demonstration of betterment for each patient and full engagement with the Multi-disciplinary team in order that the Trust can fully meet Ministerial targets.

The need for detailed multidisciplinary and multiagency working and for skilled nursing input, to plan and meet a range of challenges, including mental illness, epilepsy, forensic and other complex medical needs is creating ever greater demands on our clinical time.

The resettlement wards are operating at a staffing level and skill mix that is reflective of the ongoing continuing care needs of the patients but is not staffed as a treatment ward. As the resettlement and community integration process requires primary nurses to proactively engage in person centred care planning and risk assessment and management activities to identify community providers or services that will meet the patients needs and show betterment, there is a need for temporary additional resources to facilitate these processes. These are additional day to day work pressures which would not routinely been undertaken as the patients “lived” in these wards.

The nurses’ role is key to the successful engagement of carers and families as well as supporting new providers to become confident and competent in meeting the needs of the patients prior to discharge.

We seek to enhance each resettlement ward structure by the temporary addition of a band 6 deputy ward manager. This will provide governance support to the management of the ward and the lead role for the community integration processes and meetings and a conduit for the primary nurses to become meaningfully involved in the resettlement processes. Therefore the Trust is seeking six whole time equivalent Band 6 nurses. This will reduce to 4 wte with the closure of two wards by March 2014.

Community Nursing Staff

In addition to this we acknowledge that learning disability nurses can enhance the success of community placements. The majority of placements developed are in social care settings and models; therefore we need to in- reach nursing skills to support the patient and develop robust management plans for each individual's community nursing needs to ensure integration and resettlement successes for the individual patient. To this end we are seeking to further enhance the community learning disability nursing resource with an additional band 6 nurse.

Administrative Staff

The community integration project requires administrative support to the wards, resettlement meetings, regional meetings and care management. 2.5 wte band 3 clerical posts will provide assistance to follow processes, collate assessments and organise meetings associated with resettlement. This cover will also provide secretarial support to the Consultant post.

FUNDING

Find enclosed table of costs for year end and for the remaining two years of the project.

BELFAST HEALTH AND SOCIAL CARE TRUST

MUCKAMORE ABBEY HOSPITAL

NOTES OF CORE GROUP MEETING

HELD ON TUESDAY 15 SEPTEMBER 2015

AT 9.15AM IN THE SMALL MEETING ROOM

Present: Mr John Veitch, Co-Director of Learning Disability Services (Chair)
Mrs Esther Rafferty, Senior Manager of Hospital Services
Dr Colin Milliken, Clinical Director

Apologies: Mrs Mairead Mitchell, Service Manager of Service Improvement & Governance

ACTION

PREVIOUS MINUTES

Previous minutes were taken as read.

MATTERS ARISING

Bed Management

Mrs Rafferty informed the group that the Hospital is still experiencing difficulties due to people not leaving and the bed pressures remain.

Mr Veitch asked about the Bed Protocol Meetings in light of the lack of funding for Delayed Discharges. Mrs Rafferty will email Iolo Eilian to see if there is any new dates for group.

Dr Milliken spoke about admissions and a patient who was discharged on 26 August 2015 and has been readmitted from the Northern Trust four times because they are unable to financially support his community placement. Dr Milliken will email Mr Veitch with the issues.

Mrs Rafferty informed the group of the Northern Trusts request for a meeting about Consultant access for their new RAID service or Community cover. Mr Veitch advised that we are not commissioned to deliver this increase in Community Psychiatry.

ACTION

GP Out of Hours

Mrs Rafferty informed the group that the GMS costings have come in, Mrs Rafferty will prepare a paper and forward to Mr Veitch who will raise it with Catherine McNicholl, Mr Veitch also asked Dr Milliken to raise it with Dr O'Kane.

Mrs Rafferty informed the group that Tracy Kennedy who is part of the GP OOH's management has invited her to a meeting at the start of October, she will also invite Mr Ingram along to the meeting.

Hospital Ward Staffing

Mrs Rafferty gave an update to the group on staffing, she stated that shortages still remain, Mr Mills and Mrs McLarnon had to work on Saturday to cover. Mrs Rafferty spoke of the issues with new staff coming in, some staff have started with no staff numbers, she explained the measures what she has been putting in place to manage the shortages.

Mr Veitch advised Mrs Rafferty to email Brenda Creaney and Catherine McNicholl about the current position, he also suggested that himself and Mrs Rafferty speak to Catherine McNicholl after SMT next week.

Quality Network Peer Reviewers

Mrs Rafferty informed the group that Donegore and Sixmile are due to have their reviews soon, they have submitted a lot of work for them coming on 8 October 2015.

Dr Milliken highlighted his concerns about the support, he feels it isn't enough, he was wondering if there is anyway that the support could be revisited. Mr Veitch asked for this to be deferred until Mrs Mitchell returns.

Dental Services

Mrs Rafferty will resend the minor works form for the dental relocation costs to Mr Veitch.

INTRODUCTION OF SOLAR PANELS

Mr Ingram joined the group and informed about the plans for the above in Muckamore.

The group discussed this at length. The group raised major concerns about the plans.

ACTION

It was agreed that Mr Ingram will arrange a meeting with Estates, Mrs Rafferty, Dr Milliken and Mr Ingram to make sure the risk assessment aspect of this is comprehensively covered and to see what other options are available. Mr Veitch stated that any decision about any potential hazards must be taken by those who have professional and clinical responsibility.

COMPLAINTS

P296

Dr Milliken informed the group that P296 complaint has been dealt with. P296 has now left, has taken his own discharge.

P297 – Community Patient

Dr Milliken has sent all the information to Mrs Mitchell, he queried a draft response, the group advised that in the past with their complaints they have provided the complaints department with a draft response.

Any Other Business

Staff Illness

Mrs Rafferty raised concern with the group about high incidences of serious illness amongst nursing staff. Mrs Rafferty will speak to Occupational Health about research into this.

Annadale

Dr Milliken spoke about his concerns for P306 due to the delay in Annadale. Mr Veitch advised that we need to have clear timescales with Mr Kelly but we need to keep focussed on this. Mrs Rafferty will follow this up.

Moylena

P310 – SAI

Dr Milliken spoke about contact from Community Colleagues explaining the ??? to maintain communication with the family concerned. Mrs Rafferty informed the group that Mr McBride contacted the family about coming up for P310 belongings and he also passed on his condolences. Some staff also attended the funeral.

Jacqui Austin is chairing the SAI meeting and Patricia Minnis is aware that the family want to attend. Mr Veitch advised Mrs Rafferty to discuss

with Mrs Mitchell on her return.

ACTION

Patient Concerns

Mrs Rafferty spoke about the above and explained that the two people who reported their concerns had filled in an evaluation sheet at the end of the shift each to say there was no issues. Mr McBride is investigating this and a member of staff has been moved to another area as an interim measure, this will be kept under review.

Ennis

Mrs Rafferty informed the group that she has met with the two staff as the investigation is now complete and there are no further actions due to the evidence from witnesses. Mrs Rafferty has wrote to both staff and has also put in place a support mechanism for them returning.

Mrs Rafferty stated that she has also arranged to meet with the Ward Sister to give her feedback.

Medical Staff

Dr Milliken informed the group of Dr Cousins success in her post. The group welcomed this. Some delays with HR and an office for Dr Cousins. Mr Veitch advised that Ms Morrison has been in liaison with Estates related to that.

Dr Milliken raised some concern about covering Dr Corbett's post as she isn't due to return until 27 February 2016. Dr Milliken suggested that Dr NG act up until Dr Corbett's return, Dr Milliken will forward all the details to Mr Veitch.

DATE, TIME AND VENUE OF NEXT MEETING

Tuesday 29 September 2015 at 9.15am in the Small Meeting Room, Admin Building, Muckamore.

Project Board Community Integration Project – Workforce Strategy

Terms of Reference

- To oversee the arrangements in compliance with Trust Framework (2010) for the management of staff affected by organisational change and with all legislative requirements

- To ensure that staff and their representatives are involved and fully consulted in relation to all aspects of the project

- To ensure that the needs and interests of patients remain central to all considerations and there is a shared commitment to the principle of “betterment” for patients in addressing all staffing/human resource implications

- To monitor progress on the preparation and deployment of staff consistent with continuing implementation of the
 1. Equal Lives Learning Disability Report September 2005
 2. Excellence & Choice Learning Disability February 2010
 3. Regional Project Plan for the “Resettlement of Individuals with Learning Disability Muckamore Abbey” dated 24th August 2011 and issued in final form 29th December 2011

- To identify, highlight and seek to promptly address any resource issues including finance which may emerge

- To ensure that due cognisance and attention is given to the identification and addressing of potential governance issues including any issues relating to staff development and training

Belfast health & Social Care Trust

Muckamore Abbey Hospital

Notes of Workforce Planning Steering Group Meeting

Held on Wednesday 20th June 2012 at 9.30am
In the Boardroom, Admin building, Muckamore.

Present:

Esther Rafferty Service Manager
Barry Mills Clinical & Therapeutic Services manager
Rhonda Scott CIP Co-ordinator
Joan Peden Human Resource Department
Neil McDaid Human Resource Department
Joe McCusker Unison
Margaret Campbell Unison
Joe McCambridge RCN
Davey Downes NIPSA
Damien Maguire NIPSA
Carole Veitch South Eastern Trust
Nancy Scott Senior Manager PCSS

Apologies

John Veitch Co- Director Belfast Trust

Minutes of Meeting

Agreed and to be sent prior to next meeting.

Matters Arising

- Terms of Reference to be circulated with minutes.
- Project Group membership – it was agreed to invite a Northern Trust representative to the meeting. Rhonda Scott to liaise with other departments to ensure appropriate representation.
- Community Integration Update – planning is now underway in the targeted wards for this year 2012 /13 in addition to completing last year's wards. It is anticipated that we are planning to resettle 60 patients each year across each Trust area to achieve overall targets by 2015.

- Staff engagement process – The staff information day appeared to have been well attended and received.
- Retirement Option – This policy has now been updated, staff can avail of flexible retirement of a reduction in their hours pre retirement if requested.

1. Communication

It was agreed that the community integration project would be an agenda item on the monthly managers meeting on site so that information on its ongoing progress can be communicated back to nursing staff.

It was agreed to consider holding a second day in late Autumn (November) for staff from all departments; date to be agreed at next steering group meeting.

2. Current Affected Groups

Following the staff information day it was agreed to offer 1:1 sessions for staff in immediately affected areas to discuss options available to staff. Managers from all areas to convene meetings with their respective affected groups during June / July. Discussion followed on the way forward

- A list of available posts would be available at these sessions,
- Staff can avail of union representation at meetings.
- It was agreed that a three month trial period for all redeployments
- Staff will be offered two reasonable offers as part of the process

At the next meeting further affected areas would be discussed in line with progress under the project. Forms for all staff will be sent out once current affected areas meeting s complete.

Discussion took place regarding support for staff relocating back into the core hospital / other community posts from the resettlement wards and skills set required. Staff to be offered interviewee skills training as required or any appropriate course depending on needs identified.

It was agreed that each department would examine their future staffing needs for March 2015 when the core hospital remains. Rhonda Scott agreed to convene a sub group meeting prior to next Steering group to share information collated by each department.

Any Other Business

Damien Maguire Nipsa raised how this retraction fit in with the Trust Delivery Plan and Adult Care Savings and would this impact on resettlement. It was shared that all patients being resettled had an agreed funding amount to meet their needs on discharge / resettlement and to show betterment. There was also investment in all

Trust areas for community infrastructure. The retraction of the wards was built into the process to fund and manage the resettlement process.

Date and Time of Next meeting

12th September 2012 at 9.30am Boardroom Muckamore Abbey Hospital

23-

6.



**Adult, Social & Primary
Care Directorate,
Learning Disability
Service Group**

MAH Hospital Modernisation Group
Proposal for Muckamore Abbey Hospital

November 2015

Introduction

The Belfast Health and Social Care Trust (the Trust) provides Specialist Assessment and Treatment Inpatient services at Muckamore Abbey Hospital.

Muckamore Abbey Hospital is commissioned to provide acute care to those individuals with an intellectual disability with behavioural or mental ill health who require acute inpatient care and treatment. The hospital is commissioned to deliver a total of 62 beds for acute assessment and treatment and 6 Psychiatric Intensive care Beds for the Northern, South Eastern and Belfast Health & Social Care Trusts. It also delivers 19 regional forensic low secure beds.

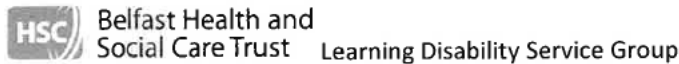
The hospital continues to provide a small number of long stay beds in two resettlement wards pending the completion of the resettlement of the remaining patients on the Priority Target List (PTL) under the Community integration Project (CIS).

This project which has been lead by the HSCB and in line with the ministerial directive that no one should have a hospital address as their home was due to have been completed by March 2015. The remaining 25 patients have their assessments completed and no longer require hospital inpatient care however their community placement is not yet available. It is anticipated that these patients will be resettled by June 2017.

The actual site the hospital is built on is a large estate with extensive walkways and services. Leisure and outdoor facilities are well developed on site for this patient group. The area is conducive to people with an Learning Disability e.g. taking simple walks outside the wards without the need for supervision or having to have significant risk assessments undertaken. The outdoor space is not overlooked. It is expansive and is considered by staff to be an appropriate and safe temporary setting for patients who can display behaviours of concern. Once their treatment is completed and these behaviours become more manageable reintegration back into their local community is achieved.

The location of the hospital is centrally located for the three Trusts it serves for acute admissions and centrally for the region for the low secure facility.

The Disadvantages of the site is that it still resembles a large institution which contains the remains a large number of buildings and wards which are no longer in use on the site. However the overall site is at a stage where a large proportion of these can be cordoned off and a plan developed for their demolition.



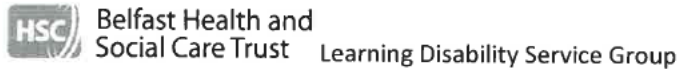
The hospital has over the past 4 years undergone a significant retraction in the number of wards and bed numbers on site. The following long stay wards have been closed since October 2013, Finglass, Rathmullan, Ennis, Oldstone, and Greenan. This has been as a result of the Community Integration Project (CIS) whereby all those no longer requiring hospital assessment or treatment care were prioritised for resettlement. Plans are in place to close the two remaining resettlement wards when a specialist nursing home and bespoke supported living scheme are realised by June 2017 to resettle a number of the remaining priority target list (PTL) patients.

During this period a new emerging population of complex delayed discharge individuals who require similar bespoke intensive support models of community integration has been identified within the hospital. This group of patients now number 49 however 26 of these patients are delayed less than one year. This indicates the ongoing need for Trusts, the HSCB and the DSD to continue to plan, develop and deliver on a continuing number of schemes for future need.

It is acknowledged that in order to appropriately meet the complex needs of these individuals a lead in period is required to deliver the bespoke or enhanced level of community placement required to successfully manage this group of patients in a community setting. Therefore the hospital needs to accept that a small recurrent number of individuals will be delayed in their discharge at any one time. However any delay must be reasonable to realise and deliver the service required and not be contraindicated in line with the Judicial Review outcome of JR47. All trusts should aim to keep the lead in period to deliver a discharge package to less than 26 weeks where possible.

The hospital is also reviewing and addressing the ethos of the inpatient service to develop proactively led and well supported multi disciplinary teams with a culture of transparency and with the skills and attitude necessary to deliver helpful, evidence based, individually tailored interventions informed by a highly detailed, multidisciplinary assessment and treatment plans. This will include ensuring adequate multi professional input from the range of disciplines necessary to address the needs of the patients.

All members of the staff teams will receive in addition to their mandatory training, "in house" training on Positive Behaviour Support and Human Rights including positive and proactive care. A positive Behaviour Support Approach will continue to be rolled out with all team members working collaboratively and respectfully together and in a person centred way with our patients in order to understand the reasons why at times they are showing behaviours of concern. The team's focus will continue to shift from use of more reactive strategies towards the use of more positive and proactive strategies. The service will join the restraint reduction network and set key performance indicators to evidence a reduction in restrictive practices and a continued move to more proactive strategies.



More opportunities for reflection will be introduced in addition to our weekly multidisciplinary meetings. These will include a weekly patient's forum, structured debriefing following incidents with an emphasis on learning from incidents or mistakes, team learning boards, team building days, a weekly reflective practice group, weekly review of Positive Behaviour Support Plans, monthly multidisciplinary review of restrictive practices (linking in with trust wide review by senior management team) and monthly operational team meeting.

All patients admitted to the hospital will commence discharge planning at the point of admission with initially a post admission meeting and then a projected date of discharge. Where possible when an admission is pre-planned the discharge plan will be agreed in advance of the admission. Using this approach community Trusts will have up to date information on the patients profile, presentation and accommodation requirements throughout the period of treatment. This will enable timely discharges to occur and not breach the Human Rights of the individual by requiring them to remain in hospital unnecessarily.

Phase 1

Within the current ward configuration there is an imbalance of beds allocated to males and female patients. This results in occasions when an admission bed is not available in a timely manner in and out of hours to facilitate an admission to acute inpatient care.

The first stage of the modernisation is to change the use of Killead ward to female admissions and Cranfield ward to convert to all male ward.

This will increase the availability of female admission beds and equally balance the number of beds to

29 beds for males and

29 beds for females

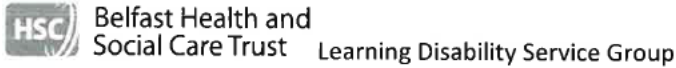
6 PICU (male and female)

To date a maximum of 36 patients in any one month have been in active treatment and 25 delayed in their discharge less than 365 days. In addition a number of resettlement patients are residing in the core assessment and treatment wards.

With the complexity and increased acuity of recent admissions 4 beds are not in use in Killead ward due to the creation of two 1 person low stimulus areas. These intensive support areas have been required to minimise adult safeguarding incidents with two patients who severely challenge other patients through proactive adaptation of the environment with proactive and reactive strategies to minimise harm.

This development has reduced the overall core hospital bed numbers from 87 to 83.

It is anticipated that this phase should be can be completed within approximately 3 months



Phase 2

It is anticipated with the discharge and resettlement of those patients no longer requiring hospital care that 40 admission beds will meet the needs of those in active treatment initially. With the establishment of the community infrastructures, crisis response and home treatment / intensive support models being developed and delivered it is expected that the number of patients presenting for admission should reduce. This has already been evidenced in the Southern Trust service model.

Initially 40 admission beds and availability of PICU care will ensure the availability of an admission bed as required. This number of beds includes provision for up to 10 patients who are delayed in their discharge for less than 6 months facilitating community teams an opportunity for appropriate timely placements.

There will be 4 admission wards to provide the least restrictive environment for the patient on admission taking into account safety, gender and security requirements based on the individual needs of those requiring acute inpatient care. With a reduction in the number of patients residing in each ward it is envisaged a concurrent reduction in safeguarding incidents are likely, improved outcomes for those with severe autism with increased available space and less physical assaults evident for staff.

Cranfield ward 1 – restricted access ward male	10 beds
Cranfield ward 2 – open ward male	10 beds
Donegore - restricted access ward female	9 beds
Killead - open ward female	11 beds
Psychiatric ICU	6 beds

As those patients who are deemed to be delayed, are discharged, the bed will be stood down until the above numbers are reached.

This represents a further reduction of 18 assessment and treatment beds to the overall total of 46 as above.

This will reduce Core Hospital bed numbers from 87 beds to 65 beds. (inclusive of 19 Low secure)

Phase 3

Review of Sixmile Low secure Ward

Sixmile is a 19 bedded low secure regional unit - comprising of 14 treatment and 5 assessment beds. There are 4 non-commissioned beds on the treatment ward.

The current patient profiles are

Belfast Trust – 9 patients

South Eastern Trust – 5 patients

Northern Trust – 3 patients

Southern Trust – 1 patient

5 of these are delayed, 8 are in active treatment and 5 are PTL patients.

The purpose of Sixmile is to provide a service for men with a learning disability who come into contact with the criminal justice system due to their offending behaviour, be it challenging and/or aggressive in nature.

Sixmile at all times seeks to provide the most effective care and support within a low secure unit, which is safe for both patients and staff. The overarching philosophy of care in Sixmile is to encourage rehabilitation and re-integration within the community for individuals who have offended or who are at risk of offending. Given the nature of the client group in Sixmile, management of the staff team centres on the regerian theory of unconditional regard. Nowhere more so in the field of nursing are the values of staff challenged regarding the behaviours of the client. The standards set in Sixmile exemplify the values of non-judgementalism and working in partnership with the patient to maintain safety and to facilitate personal growth.

Since opening, links have been formed with community teams throughout the province, Public Protection Units (PPU,PSNI) Probation Services, Department of Justice and Advocacy services; and liaison with PPANI to appropriately risk assess and manage the transition back to community not to mention our continuing relationship with national bodies such as the National Organisation for the treatment of Abusers, the Scottish Forensic Network and the State Hospital, Carstairs.

The HSCB has in the last month allocated monies for community forensic services to be developed. Sixmile low secure service will support the community developments providing tier 4 inpatient service within the regional LD forensic network.

In managing the forensic service there is a severe shortage of appropriate accommodation options for patients to consider when deemed medically fit for discharge, alongside a lack of appropriate occupational and day opportunities. This has the negative impact of increasing the length of stay in hospital whilst options are explored. There continues to be ongoing issues with restrictive practices and deprivation of liberty issues whereby voluntary patients are residing in low secure services awaiting community placement. It is hoped that once community forensic services are embedded the number of patients in treatment and the profile of the service users would change.

However there remains a lack of low secure treatment beds or access to medium secure within N Ireland for male patients or any service for female patients requiring these levels of treatment and care option. A number of these patients have been transferred to hospitals in mainland UK to facilitate treatment options at low secure treatment and medium secure treatment on ECR referral processes as a result.

Low secure treatment option for males can be facilitated in the current service and facility which should allow for some patients to return to N Ireland and prevent further low secure out of area admissions. This would represent financial savings for the HSCB with less ECR's.

Possible reconfiguration of Sixmile ward

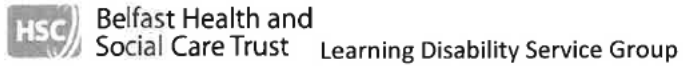
11 low secure forensics beds (male)

6 low secure treatment beds (male)

With the projected downturn in the number of admissions for acute care, a regional low secure treatment can be provided for females with Donegore ward. This facility could provide for 6 low secure beds. However given the complexity of these individuals it is likely 4-5 patients would be in treatment at any one time. Again this will negate the need for these patients to be considered for ECR referrals to mainland UK.

Medium Secure Provision

In respect of those requiring medium secure treatment options the numbers requiring this level of care remain too low to be financially viable to deliver this service however discussions may be possible with mental health services to ascertain if the small number could or should be accommodated. Alternatively where this is required access to mainland services may still be needed.



Finally as community infrastructure models of intensive support become embedded it is anticipated that further reduction in acute admission beds will occur to

2 admission wards of 9 beds and

6 bedded Psychiatric ICU.

This will facilitate 6 admission beds and 2 PICU beds per Trust

This will result in overall reduction in bed compliment from 87 to 47 beds in total.

Total 47 beds

Includes 2 x Acute Admissions,
PICU,

Regional Low Secure M & F Treatment and
Regional Male Low Secure Forensics.

Nursing Workforce Paper**Appendix 1**

The workforce at Muckamore Abbey Hospital was set in the context of a service which had a number of individuals residing in the wards over a large number of years with some dedicated wards for admissions and a forensic population.

The skill mix, staffing ratios reflected this settled population and patient mix however with changing profiles and acuity levels staffing has been subject to continuous review on weekly and at times daily basis to ensure safe and effective care for patients and staff safety.

A workforce strategy has been in place since mid 2012 whereby the workforce has been in a period of retraction reflecting the number of wards earmarked for closure. However during this period a new and emerging patient population has required increased staffing ratios and skill mix for safeguarding issues, risk management and staff safety. The hospital is transforming from an institution into a functioning assessment and treatment model delivering a range of evidence based interventions. It has been continuously inspected via the regulator of RQIA and peer reviews of QNLD to ensure the correct road of travel to deliver a modern service to those requiring acute inpatient care. Part of this transformation is reviewing and updating the staffing compliments, professional inputs and ratios to meet the projected needs of the patient population. This has been completed using the delivering safe care approach and benchmarking against the other two acute inpatient services in the region.

Current Staffing

	SHSCT 5 beds	Whsct 10 beds	BHSCT CFM Adm 14 beds	BHSCT CFW Adm 15 beds	BHSCT PICU 6
Band 7	1	1	1	1	1
Band 6	1	4	1	1	1
Band 5	9.8	13	13	13	10
Band 3	8.3	17	11	11	10
Behaviour Nurse	1	0	0.5	0	0.5
OT	0	0	0.25 (T)	0.25 (T)	0.25 (T)
Psychology			0.1	0.1	0.1
SLT			0.1	0.1	0.1
			*	*	*
Consultant			0.5	0.5	0.25

	BHSCT Donegore 9 beds	BHSCT Killead 24 beds	BHSCT Sixmile 19 beds		
Band 7	1	1	1		
Band 6	1	1	1		
Band 5	12	14	15		
Band 3	16	24	14.5		
Behaviour Nurse Or Specialist	1		0.5		
OT			1		
OT			0.25		
Psychology	0.1	0.1	1.0		
SLT	0.1	0.1	0.1		
Dietetics	*	*	*	*0.4 for Hospital	
Consultant	0.1	0.2	0.5		

Proposed staffing

	SHSCT 5 beds	Whsct 10 beds	BHSCT CFM Adm 9 beds	BHSCT CFW Adm 9 beds	BHSCT PICU 6
Band 7	1	1	1	1	1
Band 6	1	4	2	2	2
Band 5	9.8	13	15	15	14
Band 3	8.3	15	10	10	8
Behaviour Nurse	1	0	0.5	0.5	0.5
OT	0	0	0.25	0.25	0.50
Psychology			0.2	0.2	0.2
SLT			0.1	0.1	0.1
Dietetics			*	*	*
Consultant			0.5	0.5	0.5
Social work			0.5	0.5	0.5

	BHSCT Donegore Low secure 6 beds	BHSCT Sixmile Low secure 6 beds	BHSCT Sixmile Forensic 11 beds		
Band 7	1	1	1		
Band 6	2	2	2		
Band 5	15	15	15		
Band 3	10	10	14.5		
Behaviour Nurse Or Specialist	0.5 1	0.5 1	0.5 1		
OT	0.5	0.5	1.0		
Psychology	0.5	0.5	1.0		
SLT	0.1	0.1	0.1		
Dietetics	*	*	*	*0.4 for Hospital	
Consultant	0.5	0.5	0.5		
Social work	0.5	0.5	0.5		

Total 47 beds

Includes 2 x Acute Admissions, PICU, Regional Low Secure M & F Treatment and Regional Male Low Secure Forensics.

Appendix 2

Extracts from Delivering Care. Normative staffing levels for Nursing

1.0 INTRODUCTION

1.1 The subject of nursing in hospital wards has been a topic of debate and discussion for a number of years. Ensuring appropriate staffing has been referenced in inquiries and investigations, shown in research evidence and is viewed by patients and their carers as a key element in influencing the quality of care.

1.2 The Independent Inquiry into the failings of the Mid Staffordshire National Health Service (NHS) Foundation Trust³ highlighted the need for appropriate staffing levels to support safe, effective, person centred care.

Speaking at the publication of his final report, Robert Francis QC said:

"The Inquiry found that a chronic shortage of staff, particularly nursing staff, was largely responsible for the substandard care."

"The evidence shows that the Board's focus on financial savings was a factor leading it to reconfigure its wards in an essentially experimental and untested scheme, whilst continuing to ignore the concerns of staff."

"People must always come before numbers. Individual patients and their treatment are what really matters..... This is what must be remembered by all those who design and implement policy for the NHS."

2.0 BACKGROUND AND CONTEXT

2.1 There are a number of drivers which have informed the development of the *Delivering Care* Framework. They include:

Regional Policy and Strategy

2.2 A number of key strategic documents underpinned the development of this Framework including:

Transforming Your Care

The strategic review of Health and Social Care (HSC): *Transforming Your Care*⁴ sets out the direction of travel for HSC services in Northern Ireland over the next five years.

This is supported by the Commissioning Plans⁵, which details year on year service provision, priorities and standards that services must meet. The implications of the changes to services in the next five years are significant, particularly in the development of new service models and the response the workforce will be required to make in support of these changes. Examples include:

- › A reduction in length of stay for patients in hospital environments resulting in a higher concentration of acutely ill older patients with complex co-existing long term conditions, who require more care and treatment and therefore more intensive nursing care
- › Changing Hospital services, more care being provided in patients/clients own homes, community and domiciliary settings
- › Technology increasing› Greater emphasis on the prevention of ill health.

Quality 2020

HSC service provision in Northern Ireland is underpinned by the three key components of: safety, effectiveness and patient /client focus as defined through *Quality 2020*⁶. *Quality 2020* refers to 'Strengthening the Workforce', as one of its strategic goals, elements of which include the continuous need to develop the knowledge and skills of the HSC workforce, measured through improved outcomes for patients and clients.

The People's Priorities

Nurses and midwives are the largest staff group in the HSC system providing general and specialist care and treatment in all HSC environments. Nurses and midwives are central to the provision of quality care and are highly valued by the public in Northern Ireland, a view expressed in the Patient Client Council report: *The People's Priorities*; which identified the protection of front-line staff, particularly nurses, as the top priority for the HSC organisations. used in support of care delivery

A Partnership for Care

The need to develop a framework to support effective workforce planning was identified in *A Partnership for Care: Northern Ireland Strategy for Nursing and Midwifery 2010 - 2015*⁸ and as part of the Health and Social Care Board (HSCB)/Public Health Agency (PHA) Commissioning plan 2011/12⁹.

Evidence Base Related to Staffing Levels and Patient Outcomes

2.3 Significant research has been undertaken into the issues of both nurse staffing levels and skill mix, thereby providing a wide literature base in relation to the association between lower numbers of registered nurses and significant reduction of the quality of patient outcomes¹⁰. Examples include:

- › Fewer registered nurses, increased workload, and unstable nursing unit environments were linked to negative patient outcomes including falls and medication errors on medical/surgical units in a mixed method study combining longitudinal data (5 years) and primary data collection¹¹.
- › Features of the hospital work environment, such as better staffing ratios of patients to nurses, nurse involvement in decision making, and positive doctor-nurse relations, are associated with improved patient outcomes, including mortality and patient satisfaction¹²
- › Links have been demonstrated between lower numbers of registered nurses and increased length of stay and associated cost.¹³
- › The Health Care Commission following an investigation into links between nursing workforce and patient outcomes concluded that staffing levels appeared to be based on traditional and/or costs constraints rather than patient need or outcomes.

ASSUMPTIONS OF THE FRAMEWORK

3.9 It should be recognised that the Framework refers to staffing ranges expressed as nursing/bed ratios. This reflects the view that the family of nursing (or midwifery) comprises both registered and unregistered staff, included collectively within the ratios.

3.10 For the purpose of developing the Framework, a number of underpinning assumptions must be considered when understanding how a range is set and might be used, in conjunction with the factors that influence workforce planning. These assumptions are: *Planned and Unplanned Absence Allowance*

i. The ranges incorporate a Planned and Unplanned Absence Allowance of 24%. This allowance refers to periods of anticipated absence from work and should, therefore, be factored into the workforce planning process. This includes annual leave, sickness²¹, and mandatory study leave. This element is further defined at page 14 of this Framework and it should be noted that the defined percentage will be subject to review and potential amendment by the Chief Nursing Officer on the advisement of relevant professional forums, reflecting developments in training requirements and training delivery methods.

Skill Mix

ii. This term refers to the ratio of registered to unregistered nursing/midwifery staff working within a complement of staff in an individual care setting. The level of skill mix required for any particular clinical setting may vary. For example, in critical care settings a skill mix comprising mostly registered staff is required to facilitate safe and effective person centred care; this is due to the complexity and acuity of the patient profile of people cared for in such environments. Conversely, where there are high levels of dependency but a lower level of acuity²², a skill mix comprising a higher level of unregistered staff may be appropriate.

Skill mix should also take account of an allocation of a Ward Sister's/Charge Nurse's time for managerial and professional responsibilities ranging from 40 – 60% of total available time²³.

A level of skill mix will be determined regionally for a variety of care settings in Northern Ireland by the Steering Group of the Delivering Care Project, in consultation with the Department of Health, Social Services and Public Safety (DHSSPS), PHA, HSC Trusts and staff side organisations. The skill mix relevant to a particular setting will be included within the subsequent 'Using the Framework for..' sections.

4.0 PLANNED AND UNPLANNED ABSENCE ALLOWANCE

Definition

4.1 Planned and Unplanned Absence Allowance (PUAA) refers to periods of absence from work, which can be described as anticipated and, therefore, must be factored into the workforce planning process. This comprises annual leave, sickness³⁰, and mandatory study leave.

4.2 It is acknowledged that PUAAs are included in current funding within HSC Trusts ranging from 18% to 23%.

Rationale

4.3 Telford (1979)³¹ remains the extant nurse workforce planning tool in use in Northern Ireland and the United Kingdom. This methodology recognises the need for 'allowances and amendments for sickness, absence, holidays, in-service training and nursing education'³² in any method of effective workforce planning.

4.4 In 2006, the Royal College of Nursing recommended a PUAA of 25%³³. Similarly, the Healthcare Commission recommended a minimum of 24% in 2005³⁴, prior to the implementation of Agenda for Change³⁵.

4.5 Other professions have reflected a requirement to build in allowances for planned and unplanned leave. For example, the medical profession referred to the necessity of 'supporting professional activities' within the Consultant Contract Framework (2003)³⁶.

Professional activities were identified as: training, continuing professional development, formal teaching, audit, job planning, appraisal, research, clinical management and local governance activities. Leave is also directed to be built into weekly job planning for consultant teams, including an average of 10 days per year of professional activity³⁷. It should be noted that sickness absence was not accounted for within the framework.

4.14 This agreement should enable discussions between commissioners and service providers to take place in relation to workforce planning for the future.

BELFAST HEALTH AND SOCIAL CARE TRUST

MUCKAMORE ABBEY HOSPITAL

NOTES OF CORE GROUP MEETING

HELD ON TUESDAY 3 APRIL 2012

IN THE SMALL MEETING ROOM

Present:

Mr John Veitch, Co-Director of Children's and Learning Disability Services (Chair)
Mrs Esther Rafferty, Service Manager/Associate Director of Learning Disability Nursing
Mr Brendan Ingram, Business & Performance Manager
[REDACTED] H92, Senior Social Worker

Apologies:

Mrs Mairead Mitchell, Senior Manager of Service Improvement & Governance
Dr Colin Milliken, Clinical Director

ACTION

PREVIOUS MINUTES

Previous minutes were taken as read.

MATTERS ARISING

GP Cover

Still issues ongoing.

Mr Ingram has a meeting with Dr O'Kane shortly, he will also raise these issues with her.

Mr Ingram informed the group that the Mental Health at Night Rota is covering the Bank Holiday's.

Mr Ingram and Dr Milliken have met with Dr Field, Antrim Practice, they are happy to continue with the current set up.

ACTION

Grovetree/Greystone

Mr Ingram spoke about the two unoccupied houses at Greystone. They met with Triangle where Mr Ingram provided them with Floor Plans, nothing further back from Triangle.

Mr Ingram raised concern about the funding from Capital Bids for Grovetree as Capital Bids only give a limited time for the funding to be used. Group discussed this at length. Mr Veitch will follow it up as it is a priority for Resettlement.

Litigation/Judicial Review

P311 – Litigation

Ongoing.

JR50 – Judicial Review

Mr Veitch informed the group that he has met with Henry Toner re lessons to be learn't from JR50.

Community Integration Project

Mrs Rafferty informed the group that because of the sequence of wards we are going to have issues with Moylena. A planning day with Consultant's is required so that there is a strategic plan as wards retract.

Mr Ingram spoke about maintenance on site. Mr Ingram is meeting with Dr Milliken to discuss this or possibly attend the next Consultant's Meeting.

The group briefly discussed the purpose of Oldstone.

Mrs Rafferty has done some work around a temporary Occupational Therapist post. When appointed they will report to Mrs Scott.

RQIA

Mrs Rafferty informed the group that the final reports for Erne and Donegore's unannounced hygiene inspections are being sent today.

ROI Patients

Mrs Rafferty spoke of her visit to review these patients. She will now complete a report and discuss it further.

ACTION

Risk Register

Mrs Rafferty stated that staffing is still an issue. Daycare will have to be suspended a couple of sessions this week due to the staffing issue.

University of Ulster – Bamford Proposals Research

Mr Veitch informed the group that there was one proposal submitted from Psychology, he will forward copy to Mrs Rafferty.

P297 – Mallow

Mrs Rafferty spoke about P297 in Mallow and how well he is doing. Mallow will soon be stepped down when Sixmile patients return.

Mrs Rafferty explained that there is a possibility for P297 and P298 to move to Oldstone, Mrs Rafferty will discuss further with Consultant's.

Social Work Post – Muckamore

H92 confirmed that Danielle McIlroy has now taken up the Social Worker Post.

Transport of Files

Ongoing

Analysis of Admissions

Mrs Rafferty has spoken with Dr Milliken, he feels that Medical staff would be unable to commit time to this. Jenni Armstrong and a Staff Nurse may be able to complete.

Mr Veitch feels that it would be helpful for Medical Staff to be involved.

VULNERABLE ADULTS

H92 circulated a break down of the last three months Vulnerable Adult Referrals. There is approximately 30-35 per month.

Aine Morrison has stated that the forms are being reviewed. Mrs Rafferty was wondering if we could amend these beforehand. Mr Veitch explained that he is keen to ensure that there is no unnecessary duplication.

ACTION

H92 informed the group that RQIA are also picking up on them, actions/protection plans which must match up in the care plans.

Mrs Rafferty suggested that H92 contact Deirdre Heggarty or Yvonne McKnight as they have been appointed under the Vulnerable Adult Structures. It may helpful to have their input from a Trust Corporate Issue.

H92

Mrs Rafferty will contact Aine Morrison and Barney McNeaney when he takes up post.

Mrs Rafferty

COMPLAINTS

P299

Mr Ingram informed the group that he met with Dr Trimble to look over P299 file. Family have contacted Mrs Mitchell since and she is following up with Dr Trimble.

WARD ANNUAL REVIEWS

Mrs Rafferty agreed to defer this until the next meeting and raise with Dr Milliken.

Mrs Rafferty

REVIEW OF TELEPHONY SERVICES

Mr Veitch tabled a paper on the above for discussion.

Mr Ingram spoke about this and stated that it will not have any real impact at Muckamore at least for another six months. Mrs Milligan and Mrs McGrath would be keen to utilise the staff at Muckamore.

CIP ISSUES

It was agreed to defer to the next meeting.

ACCIDENT/INCIDENT REPORTS FEBRUARY 2012

The group tabled the above for discussion.

No issues raised.

SECLUSION REPORT FEBRUARY 2012

The group tabled the above for discussion.

ACTION

H92 raised concern about staffing P276 in Cranfield ICU. Still delays with ECR and Northern Trust. Mrs Rafferty will draft letter for Mr Veitch to send to Mr Stratton.

Mr Veitch informed the group of new ECR Guidance which he will circulate to the group.

ANY OTHER BUSINESS

Law Centre

H92 spoke about the Law Centre and their representation of quite alot of patients in the Hospital and feels patients should have more choice of representation. Mr Ingram will seek advice on this from DLS.

Mr Ingram

DATE, TIME AND VENUE OF NEXT MEETING

Tuesday 17 April 2012 at 9.45am in the Small Meeting Room, Muckamore.

BELFAST HEALTH AND SOCIAL CARE TRUST
MUCKAMORE ABBEY HOSPITAL
NOTES OF A CORE GROUP MEETING
HELD ON 9 AUGUST 2011 AT 9.45 AM
IN THE SMALL MEETING ROOM

Present:

Mr John Veitch, Co-Director of Children's and Learning Disability Services (Chair)
Mrs Eilish Steele, Service Manager
Dr Colin Milliken, Clinical Director
Mrs Mairead Mitchell, Senior Manager
[REDACTED] H92, Senior Social Worker

ACTION

PREVIOUS MEETING

The previous minutes were taken as read.

MATTERS ARISING

Iveagh

Mrs Steele informed the group that there will be a change over in the management of Iveagh. CN Sean Murray will become Ward Manager of Rathmullan and CN Paul Bradley will become Ward Manager of Iveagh Centre.

The group spoke about the incident in July where Iveagh children moved back onto the Hospital site for six days. Mrs Steele explained that she has been discussing this with Gerry McConville from the Falls Council re progress and concerns around the local neighbourhood.

Gender Issues – Mixed Wards

Mrs Steele informed the group that issues remain.

[REDACTED] P312 has now wrote to Mr Veitch, Mrs Steele and Dr Milliken will discuss the response to [REDACTED] P312.

ACTION

Stores at Muckamore Abbey Hospital

Mrs Mitchell advised the group that the plans for the removal of files from the stores is ongoing.

Process for Vulnerable Adult Reporting

H92 informed the group that the new reporting process for Vulnerable Adults is still on trial but it is going well and there have been a number of referrals.

OT Services – Muckamore Abbey Hospital

Mrs Steele informed the group that OT Services will remain the same as there is no funding available but she still intends to raise this with Joanne McConville.

Cost Pressures

Mrs Steele will update the information on the Cost Pressures paper.

RQIA

Mrs Mitchell informed the group that she has spoken to Patrick Convery and has informed him that the RQIA need to speak to the Ward Manager or Senior Nurse Manager if they have any concerns during a review.

Mrs Steele sought clarity around issues being raised in the RQIA Reports. Mrs Mitchell will organise an EQC meeting to look at the themes and following this meeting arrange to meet with the RQIA.

Mrs Mitchell

VULNERABLE ADULTS

P300

Mrs Mitchell informed the group that the FOI Request is on hold.

Mrs Steele informed the group that Mr Mills and Ms Bell met with Ms Dot Kirby last week. The outcome is that they will inform Ms Kirby of the outcome from the Vulnerable Adult meeting which is taking place on Thursday. It was agreed that Dr Hughes would be required to meet with Ms Kirby before visits begin again.

P301

H92 informed the group of a recent incident involving P301 which

ACTION

is being investigated through the Vulnerable Adult process.

CHILD PROTECTION

P302

Mrs Steele spoke about an ongoing investigation re P302 and complaints. This is now being investigated under Child Protection Procedures.

COMPLAINTS

P299

Dr Milliken informed the group that a note has been made in the other patients file re lab results error.

P303

Mrs Steele informed the group that P303 family are now making a litigation claim following on from incident and complaint.

RESETTLEMENT

The group spoke about a workshop that Joanne McConville had facilitated in July. Mrs Steele plans to speak to Joanne tomorrow to discuss further plans.

Mrs Steele updated the group on the 8a posts for ART stating they have been held by Finance.

Mrs Steele spoke about lolo's visit to the Hospital last week which proved useful. The visit concentrated on the admission units, Finglass. He was able to see the ongoing issues from his visit to Cranfield.

Mrs Steele spoke about another visit to the hospital, Peter Deazley and Christine Jendoubi which was very successful, they visited the Swimming Pool, Gardens, Oldstone, Greenan, Moylena, Sixmile and Cranfield. They also met with Joanne McConville.

Dr Milliken spoke about P304, he will contact Nigel Stratton for update.

Dr Milliken

ACTION

EXCESS USE OF TREATMENT BEDS

Ms McDonnell, Capital Development joined the group.

Mrs Steele sought clarity around the process for who to alert when the Hospital has an extra bed. Mrs Steele explained that we have bed vacancies in other wards and we move staff accordingly so we do not go over contracted beds. It was agreed to discuss a process with Mr Veitch for communication with other Trusts and contact Ms McDonnell about SLA when over occupancy.

Ms McDonnell spoke about the ongoing work in Capital Developments around SBA.

BED SITUATION IN CRANFIELD

Mrs Steele tabled the above discussion as some resolution around space is required. The group discussed this briefly. Dr Milliken agreed to discuss further with his team about P313.

JUDICIAL REVIEWS

Mrs Steele informed the group that there are three new requests for Judicial Reviews.

CCTV

Mrs Steele asked the group about their thoughts on CCTV in day areas in the Hospital. The group agreed that this would not be suitable.

FORENSIC STEP DOWN

It was agreed to look at Siobhan Keating's paper and discuss further at next meeting.

ACCIDENT/INCIDENT REPORT – MAY 2011

The group looked through the Accident/Incident Report for Muckamore and Iveagh.

The group discussed Killead and the issue with the open space. Still needs to be looked at.

The group noted the high numbers on accidents/incident in Iveagh and raised concern about injuries to staff. Mrs Steele will ask Ms Jenni Armstrong to provide overview report for past six months.

Mrs Steele

ACTION

SECLUSION REPORT – MAY 2011

The group looked through the Seclusion Report for Muckamore and Iveagh.

Mrs Mitchell commented on how the length of seclusion has greatly reduced.

The group noted Iveagh's seclusion has increased.

ANY OTHER BUSINESS

TILII/Patient Council

The group noted that they attended a meeting with the Patient Council this morning. The main topics were patient access to money, food and mobile telephones. It was agreed that this group would meet with them every two months, Mrs Steele will inform Mr Veitch.

Out of Hours GP

Dr Milliken asked Ms McDonnell about the Out of Hours GP.

Ms McDonnell explained that it is now with Florence McAllister in PAL's, a meeting was organised but cancelled, another meeting is due to take place at end of August. Hoping if everything goes to plan someone will be in post before Christmas, Dr Milliken highlighted the importance of having someone in post for Christmas.

Mr Ingram can notify the group practice that it is being held up with PAL's.

DATE, TIME AND VENUE OF NEXT MEETING

Tuesday 23 August 2011 at 9.45 am in the Small Meeting Room, Admin Building, Muckamore.

BELFAST HEALTH & SOCIAL CARE TRUST

Minutes of the Learning Disability Services Governance Meeting

Thursday 5 November 2015 at 10.00 am

Conference Room 2, Fairview

Present : Mr. John Veitch, Co-Director, Learning Disability and Children's Disability (Chair)
 Dr. Karen Humphries Consultant Psychiatrist, Learning Disability Services
 Mrs. Karen Cunningham, Lead Health and Safety Manager, Corporate Risk Governance
 Ms. Aine Morrison, Service Manager, Residential and Supported Living Services
 Mrs. Mairead Mitchell, Senior Manager, Service Improvement and Governance
 Mrs. Esther Rafferty, Service Manager, Muckamore Abbey Hospital
 Mr Neil Kelly, Service Manager, Learning Disability Residential and Day Care Services
 Mr. Brendan Ingram, Business and Performance Manager
 Miss Patricia Minnis, Quality and Information Manager
 Miss Rachael O'Connor, Quality Assistant

Apologies: None

Item	Outcome of Agenda Item Discussed	Action & Lead
1.0	<u>Minutes of the Previous Meeting</u> Minutes of the previous meeting 5 March were agreed. John formally welcomed Dr Karen Humphries, Consultant Psychiatrist to the group. John to liaise with Sarah regarding a replacement for Philip at the next meeting.	 J Veitch
2.0	<u>Matters Arising</u>	
2.1	Physical Interventions (SCIP Training) Aine advised that the risk assessment process had now commenced to ascertain training requirements of individual facilities. Training will commence next year dependant on the outcome of the assessments.	 A. Morrison

3.0 Complaints

Mairead advised that there had been 485 formal complaints within the Trust during April to June 2015, 39 of which had been in Adult Social and Primary Care. Mairead advised that responses to complaints within the 30 working day time limit had decreased slightly to 75 %. Mairead continued that there had also been 46 general enquiries for Adult Social and Primary Care within the same quarter; these continue to increase. Trends identified have included quality of care and treatment and staff attitude and behaviour. It was agreed that Mairead should also speak to Fiona Davidson regarding replicating the score card used for MH to analyse incidents, complaints etc for LD.

M. Mitchell

Mairead advised that there were currently four open complaints within Learning Disability – two within the hospital, 1 within Community Treatment and Support Teams and 1 within Residential and Supported Living and Day Care. Mairead to approach Neil regarding the complaint within Residential and Supported Living and Day Care.

3.1 Complaints Training

Mairead advised a complaints e-learning package is currently being explored and that this will hopefully be in place in 2016. Mairead continued that whilst she was aware complaint training was ongoing within Muckamore Abbey Hospital, she wasn't sure as to the community. Aine gave assurances that this was taking place as part of staff mandatory/statutory training requirements.

A. Morrison

4.0 Risk Register

The Learning Disability Risk Register was discussed. Esther advised that ASPC LD36 should come down in the near future although it would remain an issue. Staff recruited from the jobs fair in June 2015 have only recently come into post but have already made a positive impact.

It was agreed that Karen would join Esther and Jenni Armstrong in reviewing any future risks pertaining to Muckamore Abbey Hospital.

5.0 Statutory Functions

Aine advised that the interim statutory functions report had been submitted and a meeting would be taking place with HSCB in the next few weeks.

A Morrison

Acute pressures in the community in relation to high cost placements continue. BHSCCT have written to HSCB highlighting this. John advised that he was meeting to discuss the issue of funding with Ann McBrien (BHSCCT), Adrian Walsh and Aidan Murray (HSCB).

J Veitch

Aine advised that another continuing issue for the HSCB is the attendance of people to Day Centres who are not actively involved with teams. Aine to meet with Valerie McConnell (HSCB) regarding this.

A. Morrison

6.0 Health & Safety

The Health and Safety briefing was noted.

BRAAT: Karen advised that there were four expected returns from Learning Disability; she has currently received one to-date. Esther asked that thanks be given to Jacqui Austin for her assistance in completing Muckamore Abbey Hospital's BRAAT return.

RIDDOR: Those present noted that there had been a slight rise in RIDDOR reportable incidents for April to September 2015 compared to the same time period in 2014.

It was agreed that full details of the report should be discussed and shared with staff.

ALL

7.0 Incidents

Those present noted the incident report for August 2015. Patricia advised that levels for abuse incidents (to both staff and patients) had returned to normal levels following an unexplained rise in June 2015. Those present were unsure of the reason for this and it was noted that the number of Safeguarding incidents would not have reflected this. Esther advised that there might be an increase again in September 2015 as this was when children were going back to school.

An issue was raised in relation to the recording of incidents that occur within third party providers. Mairead remained adamant that this should not be the responsibility of the Trust. Mairead to speak to Gillian Moore from Risk Governance in relation to this.

M Mitchell

8.0 RQIA Quality Improvement Plans (July to September 2015)

Those present noted the RQIA quarterly report. Mairead highlighted that none of the inspections of five regulated facilities by RQIA had resulted in a recommendation. Mairead asked that staff be commenced on this. Mairead advised that only three recommendations had come out of the inspection of the one ward inspected during this time period. The hard work by staff was noted.

Mairead updated those present regarding the new pilot process of inspections by RQIA for wards. Mairead advised that RQIA had been in to inspect Ward L, Mater Hospital in Mental Health. In addition to Alan Guthrie, Inspector, Dr. B. Fleming and Ms. T. Nixon had inspected the ward. Mairead advised that the inspection had gone quite well. Lay members may also be considered in future inspections. Patricia to share feedback from Ward L inspection with Mel Carney's permission.

P. Minnis

9.0 **Serious Adverse Incidents (SAIs)**

The following learning papers were noted: -

- SAI: 14/160 – Oramorph Mistakenly Administered;
- B/PN/2011/183/18/kw – Failure to Identify Equipment Deceased Required;
- W91088 – Fire Escape Ladder/Cable – Patient used to gain access to roof
- Supervision in accordance with individual care plans
- Management and Advice for patients/clients with swallow/dysphagia problems

ALL

Mairead asked that these be shared and discussed with staff.

10.0 **Policies**

Those present noted the following:

- **Table of Policies Approved Standards and Guidelines**
- **Use of Physical Intervention Procedure** – this was agreed. Mairead to bring to Standards and Guidelines
- **AWOL Guidelines Letter/Guidelines** – Patricia advised that the Trust procedure was undergoing review due to new regional guidance.
- **Responding to the needs of Children who have Mental Health or Substance Misuse Issues** – this is now on the Trust hub.

11.0 **Any Other Business**

Those present noted the following:

- **Belfast Cash Handling Internal Audit Update** – Neil to provide an update on this;
- **Mortality and Morbidity Report (August 2015);**
- **Medical Device Management Annual Report 2014/2015;**
- **Regional Interagency Protocol of the Operation of Place of Safety and Conveyance of Hospital under Mental Health (NI) Order 1986** – those present noted that whilst this had been produced by HSCB, there were issues surrounding the guidance which are being taken forward;
- **Consent for Hospital Post Mortem Examination HSC Regional Policy;**
- **NICE Guidance** – Mairead advised of the current process of NICE Guidance implementation within the Trust. Mairead continued that she had concerns regarding the awareness of staff in relation to this guidance. To be put as standing agenda item on all future meetings.

N Kelly

John discussed that a robust system should be in place that staff have access to the relevant papers and documentation, to remind staff the information is available. It was agreed that a shared folder for Service Managers and Clinical Directors to access would be useful. Patricia and Brendan to explore.

**P Minnis
B Ingram**

12.0 Date, time and venue of next meeting

Thursday, 7 January 2016
10.00 am
Conference Room 2, Fairview

ICTG.External002

From: Milliken, Colin <colin.milliken@belfasttrust.hscni.net>
Sent: 10 January 2013 17:08
To: Veitch, John
Cc: H92 Mills, Barry; Hughes, Damien
Subject: FW: Seclusion

John-
Sorry-should have sent this to you as well. Please discuss if you need more detail. In terms of levels of agitation and incidents, this has delivered a marked improvement. The family have been involved, and are pleased, I understand.
Thanks.
Colin.

From: Milliken, Colin
Sent: 10 January 2013 15:22
To: Mitchell, Mairead
Subject: RE: Seclusion

Mairead-
On Tuesday we mentioned the difficulties in this man's management, including much aggression, medication changes and a problematic ECR referral. I hopefully mentioned that the team, with family involvement, were managing him very much more in his room, as he cannot tolerate peer interaction. This, together with medication changes, has very much reduced incidents, but will have been recorded as seclusion-hence the rise. It has actually been helpful.
Hope this clarifies-happy to discuss.
Colin.

From: Mitchell, Mairead
Sent: 09 January 2013 21:51
To: Veitch, John; Milliken, Colin; H92
Cc: Mills, Barry
Subject: FW: Seclusion
Importance: High

Dear all,
Following on from core yesterday re review of reports and requested further information pertaining to one patient, please find the nov and dec figures which show a massive increase in seclusion. Could i ask that this is immediately reviewed to determine why the increase.
mairead

From: McKeen, Margaret
Sent: 08 January 2013 12:35
To: Mitchell, Mairead
Subject: Seclusion

Mairead

Figures for seclusion:

	Total	P276
Oct	181	129
Nov	590	525
Dec	564	470

MARGARET

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