

Muckamore Abbey Hospital Inquiry

Module 7 – MAH Operational Management

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**WITNESS STATEMENT OF MONICA MOLLOY**

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I, Monica Molloy, retired Senior Human Resources Manager in Workforce Modernisation 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 28 March 2024. The statement addresses a series of questions addressed to me concerning my former role in Human Resources and Organisational Development within the Belfast Trust.
2. This is my first statement to the MAH Inquiry Panel.
3. My evidence relates to Module 7, Operational Management. I have been asked to address a number of questions/issues for the purpose of my statement. I will address those questions/issues in turn.
4. The documents that I refer to in this statement can be found in the exhibit bundle attached to this statement marked “MM1”.

**Qualifications and Positions**

5. I am a graduate member of Chartered Institute of Personnel and Development.

6. I was a Senior Human Resources Manager in Workforce Modernisation between 2008, from the conception of the Belfast Trust, until my retirement in December 2020. Prior to this role, I was an Assistant HR Director in the Mater Hospital Trust. Before that, I held various positions within HR over my 38-year long career.

## **Module**

7. I have been asked to provide a statement for the purpose of Module 7: Muckamore Abbey Hospital (MAH) Operational Management.
8. I have been asked to address a number of questions for witnesses working in a senior HR position at MAH. The 28 March 2024 MAH Inquiry request for evidence, with the accompanying questions, can be found behind Tab 1 in the exhibit bundle. I will address these questions in turn.

## **Questions**

### **Question 1**

**Please explain your role and the responsibilities you held in respect of MAH (including details of when you held such role/responsibilities).**

9. The only position in which I held any role in relation to MAH was in my time as a Senior HR Manager in the Belfast Trust, a position which I held between 2008 and 2020. All of my answers which follow should therefore be understood as being confined to that time period.
10. As a Senior HR Manager in Workforce Modernisation, a position that was at Band 8B level, my main role and responsibility was the provision of a Modernisation Consultancy Service to the Belfast Trust. I was supported in my role by a small team of senior HR staff. There were two primary areas in which I was responsible for providing advice to managers across the Belfast Trust. First, I was responsible for providing advice and support to Senior Managers across the Belfast Trust in identifying opportunities for modernisation.

Secondly, I was responsible for providing advice to and supporting managers across the Belfast Trust (including those in MAH) in the implementation of change, as required by the Belfast Trust Performance Management Framework and regional direction.

11. In and around 2013/2014, I assumed responsibility for Workforce Planning and the Workforce Planning Team in addition to my Modernisation role. This was not Directorate specific, and I provided assistance in this role across the Belfast Trust.
12. I also supported a Service Directorate as a HR Business Partner. Initially, I was assigned to the Children's Community Directorate. However, from June 2016, I assumed responsibility to provide a Business Partner role to the Adult Social & Primary Care Directorate, within which MAH sat.

## **Question 2**

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

13. Line managers could avail of training opportunities from various different sources.
14. The HR Learning and Development Team produced a portfolio of training every year which set out all the courses available. These courses, including training on staff management processes, were open to staff to apply to.
15. Training was also provided by individual HR Teams in respect of management issues such as Absence Management, Disciplinary/Grievance Procedure, Management of Change, Workforce Planning 6 Step Model and Flexible Working Policies amongst others.
16. The HSC Leadership Centre also produced a portfolio each year which set out courses which were open to staff, including managers, across the region.

17. Training and development was also provided within a profession and/or a service area. All staff, including line managers also had access to this training and development.

### **Question 3**

**Please explain the performance management arrangements for all staff, including managers, at MAH.**

18. Performance management was the responsibility of all managers across the Trust. Therefore, as a manager myself, I was responsible for managing the performance of my own team.

19. From my experience as a manager, I know that the Belfast Trust introduced a Personal Contribution Framework (PCF) process. Staff would, in conjunction with their line managers, agree objectives including personal development plans for the year. Each staff member would attend a review with their line manager at the end of the year. There was a requirement for all staff and managers to undertake training provided by the Belfast Trust which included Appraisers and Appraisees training.

### **Question 4**

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

20. Managers were not required to advise or inform HR when carrying out an annual review with their staff members. However, each Directorate did have to submit data on the number of reviews carried out and the number of reviews outstanding each year. In addition, advice was readily available from HR as and when required.

21. Where poor performance was identified and where managers invoked the Capability Procedure, the policy clearly states that managers should seek HR

advice. Advice in relation to capability would normally be provided by the HR Employment Law Team.

#### **Question 5**

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

22. Development opportunities in relation to specialist skills would normally be the responsibility of line managers within individual service areas. Such skills would be identified through discussion between the line manager and individuals e.g. at the annual reviews that I have discussed above in answer to question 4 as part of the Personal Development Plan.

#### **Question 6**

**Please describe the role of Human Resources in workforce monitoring, planning and implementation to ensure the appropriate staffing levels and skill mix (and thereby ensure safe care) at MAH? Please also explain how any concerns about such matters were escalated.**

*The role of Human Resources in workforce monitoring*

23. In the first instance, HR would provide advice on the development of job descriptions/personnel specifications which set out the qualifications/ skills/ experience required for each position. To be appointed, candidates had to demonstrate the requisite requirements of the job.

24. Workforce monitoring undertaken by HR would consist of the collection and presentation of workforce data and be supplied to line managers across the Trust. Workforce monitoring data included (by way of a non-exhaustive list of examples) data on:

- a. Absence levels;
- b. Leavers/retirements;
- c. Recruitment activity;
- d. New starters;
- e. Maternity leave;
- f. Career breaks; and
- g. Staff in post.

25. Other corporate areas would also provide data to support workforce monitoring and planning. For example, the Finance Directorate provided information on the budget for individual directorates while the Finance Directorate in conjunction with Central Nursing would provide data on the use and cost of bank and agency staff.

26. Managers at MAH would have received a suite of information similar to those listed above.

27. This information was intended to assist line managers in the day-to-day management of their workforce and take appropriate action to address issues where necessary e.g. management of absence etc., Managers were encouraged to seek help and advice from the relevant HR section.

#### *The role of Human Resources in skill mix*

28. From the areas of HR which I worked within, it is my understanding that skill mix was normally determined within the designated professions or service areas. HR did not, in my experience, have a central role in this.

#### *Escalation of concerns regarding staffing levels or skill mix*

29. Concerns in relation to staffing levels or skill mix in my experience would initially be identified by the service area and raised with senior management within their area. Where necessary managers would liaise with the appropriate corporate

areas e.g. HR recruitment team to seek help and support to address recruitment issues or corporate nursing in regard to skill-mix issues.

### **Question 7**

**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?**

30. I have answered the above questions from a Trust wide perspective. I would now like to explain the work that I was involved in that related specifically to ASPC. This piece of work shows the ways in which HR could support a directorate.

31. During my time as Business Partner for ASPC Directorate I attended the monthly Senior Management Team Meeting, where I provided updates on HR issues, provided advice and guidance (as required) and followed up on any action points. I also provided HR advice to managers across the Directorate or directed them to the appropriate HR team.

32. In 2015, the Modernisation/Workforce Planning Team was commissioned by the Director of the Adult Social & Primary Care to develop a workforce plan for their whole directorate (which included MAH). The workforce plan covered the period from April 2015 to March 2020.

33. During the development of the plan the Modernisation/Workforce Planning team worked closely with managers across the Directorate. The plan was presented to the Director and Senior Management team within ASPC.

34. The Modernisation/Workforce Planning team carried out a monitoring process on the integrated Workforce Plan on a yearly basis from March 2017 to March 2019 and developed monitoring reports each year, for the attention of managers within the ASPC Directorate. Copies of the reports are available as

required. However, I have attached the monitoring report for 2017 by way of example, which can be found behind Tab 2 of the exhibit bundle.

35. There were also some workstreams that were created by the unique circumstances in which MAH/ASPC found itself, such as:

- a. Advice and support across the ASPC Directorate in relation to the numerous ongoing modernisation/change programmes within the ASPC Directorate. Including the period 2017 onwards (a list of on-going projects can be found in the monitoring report referred to at paragraph 32 above).
- b. The redeployment of staff within MAH because of resettlement, the closure of old wards and movement to the newly purpose-built wards. These changes were conducted in accordance with the Belfast Trust Management of Change Framework, in partnership with Trade Unions.
- c. The production of two reports into findings and recommendations of exit interviews dated August 2018 and December 2019 respectively. These reports were created after 1:1 exit interviews were conducted with staff leaving MAH during 2018/19. Copies of both reports can be found behind Tab 3 of the exhibit bundle.
- d. Providing support to managers and staff at MAH during 2017 until I retired in December 2020.

36. The HR business partnering arrangement was therefore of particular assistance within ASPC with the unique issues that arose.



**Declaration of Truth**

37. The contents of this witness statement are true to the best of my knowledge and I believe are necessary to address the matters on which the MAH Inquiry Panel has requested me to give evidence.

Signature: **Monica Molloy**

Dated: **17 June 2024**

Monica Molloy Organisational Module 7 Exhibit Bundle "MM1"		
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MAHI Team  
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28 March 2024

**By Email Only**  
Ms Monica Molloy

Dear Ms Molloy

**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 \(mahinquiry.org.uk\)](https://mahinquiry.org.uk/Organisational%20Modules%202024.pdf).

It is 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 aligned to the Adult Social and Primary Care Directorate of the Belfast Health and Social Care Trust as Senior HR Manager/Business Partner from 2007 to 2020 and as Interim Co-Director from 2018 to 2020.

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 senior HR 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 10 May 2024. Your statement should be uploaded to the Inquiry's document management platform BOX via the following link:

<https://mahinquiry.box.com/s/qgmoezaw776qxmnp3m0llvw45rw5k4y>

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

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

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

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

Yours faithfully,



Lorraine Keown  
Solicitor to the Inquiry

Encs:

1. Outline of Organisational Modules April – June 2024. [Organisational Modules 2024.pdf \(mahinquiry.org.uk\)](#)
2. [MAHI Terms of Reference](#).
3. OM2024 Statement Format Guide.
4. Questions for witnesses working in a senior HR position at MAH.



**Module 7: MAH Operational Management  
Questions to be Addressed in Witness Statement**

**Questions for witnesses working in a senior HR position at MAH**

1. Please explain your role and the responsibilities which you held in respect of MAH (including details of when you held such role/ responsibilities).
2. What training was provided for new line managers at MAH on staff management processes?
3. Please explain the performance management arrangements for all staff, including managers, at MAH.
4. Were line managers required to seek HR advice and/or inform HR if they undertook performance management meetings?
5. What processes were in place to provide career development opportunities to staff at MAH, to ensure that staff had the required specialist skills to deliver care in a learning disability facility?
6. Please describe the role of Human Resources in workforce monitoring, planning and implementation to ensure the appropriate staffing levels and skill mix (and thereby to ensure safe care) at MAH? Please also explain how any concerns about such matters were escalated.
7. 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**

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## **Adult Social & Primary Care Directorate**

### **Monitoring Report on Integrated Workforce Plan April 2015 – March 2020**



**Update as at 31 March 2017**

## Introduction

This monitoring report provides an update on key elements of the workforce plan for Adult Social and Primary Care, which was signed off by the then Director, Catherine McNicholl in 2016. This report provides an update for senior managers within the Directorate covering a number of key areas including workforce information, broken down by service area and by band; skill mix and reasons for staff leaving the Directorate. Information is also provided on the major staff reviews that are ongoing in the Directorate and other areas, which were felt would be beneficial if they were included in this update.

The key Highlights of the Monitoring Report include:

- ✚ 22 live projects within the Directorate at 31 March 2017
- ✚ Agency expenditure on admin staff has increased
- ✚ There has been a small decrease in the overall workforce
- ✚ The largest increase in staff was at Band 6
- ✚ There have been 11 new roles introduced into the Directorate
- ✚ Approximately 1900 social care staff have registered with NISCC
- ✚ Sickness absence has increased to 7.72%
- ✚ Collective Leadership structures are currently being developed within the Directorate

A template, to reflect the key areas of focus from the plan, was agreed with the Directorate's senior management team and this is the template used by the Modernisation and Workforce Planning Team in this monitoring report. The period covered by this report is the 12 months to 31 March 2017.

Key Area	Action	Lead	Update March 2017
<b>1. Reform and Proposed Modernisation Projects</b>	<p>To ensure the workforce issues associated with the wide range and number of modernisation projects within the Directorate, as detailed in the plan; identify and map out the workforce implementation issues and necessary actions</p> <p>To apply the Trust's Framework on the Management of Staff affected by organisational change</p>	Co-Directors / Senior Managers	There were 22 live modernisation projects across the Directorate, at the 31 March 2017, as summarised in the table below.

Project Title	No.
<b>Older People Services – Live Projects</b>	<b>13</b>
Admin Review	1
Social Care Workforce Review	1
Domiciliary Care Services – Review of service delivery	1
District Nursing Review	1
Temporary Closure of Meadowlands	1
Future developments of dementia (EMI Services) – Review of service delivery model	1
Physical and Sensory Disability Services – Review of Day Care	1
Change of Working Pattern for Community Diabetes Nursing Service	1
Review of Community Rehabilitation Services (Older People Services)	1
Reprovision of Services at Ballyowen EMI Unit	1
Review of Elderly People's Homes	1
Stroke Services – Extended Working Week	1
Unscheduled Care Pathway Project - Community Unscheduled Care Workforce Group	1
<b>Mental Health – Live Projects</b>	<b>6</b>
Development of new Mental Health Inpatient Unit - workforce issues	1
Mental Health Day Opportunity Review	1
Neurobehavioural Rehabilitation Unit (NRU) – Resettlement of Patients	1
Redesigning the single point of access - Community Mental Health	1
Integration of Primary and Recovery Mental Health Teams	1
Mental Health Community Rehab extended working	1
<b>Learning Disability – Live Projects</b>	<b>3</b>
Muckamore Resettlement Workforce Project	1
Review of Day Opportunities in Learning Disability	1
Review the need for an extended working day/on-call facility in LD Community Treatment and Support Services	1
<b>Grand Total</b>	<b>22</b>



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Key Area	Action	Lead	Update March 2017
2. Workforce Reviews	To complete and implement the local workforce reviews in the following areas	Co-Directors / Senior Managers	
	Social Care Review	Katie Campbell	<p>A Steering group was established to oversee the implementation of the recommendations of the review. The new team structures have been developed for the service, which have indicated significant changes to the current structure. <b>The proposals, which required the redeployment of XXXX staff, were equality screened.</b></p> <p>It was necessary to have a selection process to align staff to their new positions and this process took place in February. The plan is to complete the redeployment of all staff by September 2017.</p>
	District Nursing Review	Gabby Tinsley	A Steering group has been established to implement the recommendations of the review. Phase 1 has been completed, but phase 2 will not commence until a service lead is in post to take project forward.
	Admin Review (Older People Services)	Marie Heaney	The report has been completed. The Admin. Manager (Band 7) has been appointed who is charged with the responsibility of implementing the recommendations of the report. These include the introduction of new structures and the harmonisation of administration practices and processes across the service.
	Agency Staffing Reduction		<p>During the 12 months 1 April to 31 March 2017, 32 admin staff were appointed to the Directorate and there were 27 leavers. It should be noted that 3 admin staff appointed in this period left within the same reporting year.</p> <p>The level of expenditure, on agency admin staff, was up by £431,102 (21.4%) for the year when compared to the same period in 2015/16, to a total of £2,014,000. Overall there was an increase in the number of admin &amp; clerical staff employed in the Directorate, with 32 new appointments, 28 at Bands 2 to 4 and 25 staff who left the Directorate, 20 of whom were employed at Bands 2 to 4.</p>

Over the same period, there was an increase in sickness absence amongst admin & clerical staff from 4.8% to 5.3%.

Key Area	Action	Lead	Update March 2017
3. WTE's	To track movement and/or changes in WTE	Modernisation & Workforce Planning Team	<p>Overall, during the monitoring period, the workforce decreased by 27 staff (2.64 WTE).</p> <p>The reason the WTE has only decreased slightly compared to the headcount is due to existing staff increasing their hours during the past 12 months (170 staff increased their hours by a total of 39.72 WTE compared with 152 staff who decreased their hours by 27.86 WTE. (+11.86 WTE)</p> <p>The only increase in staff occurred in Children &amp; Learning Disability Services, by 4 headcount (10.67 WTE).</p> <p>The biggest change occurred within Care of the Elderly, which had a decrease of 13 headcount, but experienced an increase in WTE by 3.22. This is due to new staff coming into the service area with a higher WTE than the staff who left the service area who had a lower WTE.</p> <p>The Admin sub division has substantially decreased headcount from 31 March 2015 due to restructuring of the organisational units. The majority of these admin staff were moved to the Care of the Elderly division now positioned under Paula Weir.</p>

Staff in Post by Service Area

Organizational Unit	31 March 2015		31 March 2016		31 March 2017	
	HC	WTE	HC	WTE	HC	WTE
ADMIN SUBDIV	140	106.9	20	19.8	16	16
CARE OF THE ELDERLY DIV	2514	1940.1	2480	2018.47	2467	2021.69
CHILDREN & LEARNING DISABILITY DIV	882	772.6	930	818.66	934	829.33
MENTAL HEALTH & CAMHS DIV	954	887.1	1023	961.70	1010	949.99
PSYCHOLOGICAL SERVICES DIV	79	71.41	84	77.54	83	77.51
<b>Grand Total</b>	<b>4639</b>	<b>3906.1</b>	<b>4537</b>	<b>3897.18</b>	<b>4510</b>	<b>3894.54</b>

Key Area	Action	Lead	Update March 2017
<b>4. Skill Mix</b>	To track and monitor shifts in skill mix primarily within : <ul style="list-style-type: none"> <li>▪ Nursing</li> <li>▪ Social Care</li> </ul>	Modernisation & Workforce Planning Team	<p>There has been a change in the nursing skill mix during the year ending 31 March 2017, changing from 66:34 to 65:35 qualified to support staff.</p> <p>This is due to a decrease in qualified nursing staff compared to nursing support staff, -29 Headcount, -23.12 WTE. As at 31<sup>st</sup> March 2017, there were 108 vacant positions in Nursing within the Directorate. The majority are at Band 5 level, 39, followed by 38 Band 3s, 23 Band 6s, 7 Band 7s and 1 Band 8B. These vacant positions have all been progressed with requisitions through to Recruitment.</p> <p>There has also been a change in the social care skill mix, from 21:79 in March 2016 to 22:78 qualified to support staff, as at 31 March 2017. This change is due to an increase in the number of qualified social workers and a decrease in Social Care support staff.</p> <p>Social Care support staff have decreased each year since 31 March 2015. (-100 HC/-38.92WTE overall)</p>

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Skill Mix									
	31 March 2015			31 March 2016			31 March 2017		
	HC	WTE	%	HC	WTE	%	HC	WTE	%
<b>Nursing Skill Mix</b>									
<b>Qualified Nursing</b>	1096	1011.07	65	1115	1034.85	66	1086	1011.73	65
<b>Nursing Support</b>	592	501.34	35	579	494.59	34	579	498.85	35
<b>Total</b>	<b>1688</b>	<b>1512.41</b>	<b>100</b>	<b>1694</b>	<b>1529.44</b>	<b>100</b>	<b>1665</b>	<b>1510.59</b>	<b>100</b>
<b>Social Care Skill Mix</b>									
<b>Qualified Social Work Staff</b>	441	403.71	21	418	394.38	21	449	424.44	22
<b>Social Care Support</b>	1672	1271.41	79	1611	1255.51	79	1572	1232.49	78
<b>Total</b>	<b>2113</b>	<b>1675.12</b>	<b>100</b>	<b>2029</b>	<b>1649.89</b>	<b>100</b>	<b>2021</b>	<b>1656.93</b>	<b>100</b>

Key Area	Action	Lead	Update March 2017
<b>5. Grade Mix</b>	To track and keep under review any grade mix change	Modernisation & Workforce Planning Team	<p>The biggest change in the Directorate grade mix is seen at Band 5 level where there has been a decrease of 22 (17.49 WTE). The majority of these staff were from the Nursing &amp; Midwifery occupational group, 20 (15.73 WTE).</p> <p>The percentage of Nursing staff who left the Directorate is higher in comparison to the figure for the Trust as a whole. 30% of leavers in the Directorate were Nursing staff compared to 20% Trust wide.</p> <p>The largest increase in the Directorate was at Band 6, which increased by 20 staff (21 WTE). The biggest increase in these Band 6 staff came from the Social Services occupational group, 16 (15.93 WTE).</p>

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ASPC Staff in post by Agenda for Change Band Profile						
Band	31 March 2015		31 March 2016		31 March 2017	
	HC	WTE	HC	WTE	HC	WTE
Band 2	924	634.4	739	517.68	706	497.18
Band 3	1193	979.8	1289	1058.69	1305	1080.06
Band 4	184	166.5	168	150.03	165	149.36
Band 5	1048	940.5	1036	945.71	1014	928.22
Band 6	535	489.7	525	488.14	545	509.14
Band 7	423	401.9	447	430.80	445	428.04
Band 8a	87	81.19	89	83.58	93	88.0
Band 8b	20	18.20	21	20.00	22	20.72
Band 8c	25	22.59	26	23.1	27	24.83
Band 8d+	7	6.6	7	6.6	6	5.6
<b>TOTAL</b>	<b>4446</b>	<b>3741.38</b>	<b>4347</b>	<b>3724.35</b>	<b>4510*</b>	<b>3894.54*</b>

*\*There are 182 NON AFC Staff, 163.40WTE in the Adult, Social & Primary Care Directorate*

Key Area	Action	Lead	Update March 2017
<b>6. Changing Roles and Responsibilities</b>	To identify and meet the development needs of changing roles and responsibilities	Senior Managers / Human Resources / Professional Leads	Under the Changed Job Process, there was 1 application for 3 post holders.
	Development of Collective Leadership model	Director/ Co-Directors/ Human Resources	The Directorate has engaged in the development of its collective leadership structure. The structures, which were not yet complete by the date of this update, are based on Divisions, i.e. Older People; Mental Health and Learning Disability, representing the service areas within the Directorate. The Chairperson will be a member of medical staff. The divisions will be organised into Care Delivery Units. Leadership at this level will be provided by senior

<p><b>7. New Roles</b></p>	<p>To support the development and implementation of new roles, eg. Consultation, change process and associated banding</p>	<p>Senior Managers / Human Resources / Professional Leads</p>	<p>clinical expert(s), supported by experienced Senior Managers. The Draft structures are included in Appendix 1.</p> <p>There have been 11 new roles introduced into the Directorate. These are:</p> <ul style="list-style-type: none"> <li>+ Night Co-ordinator (Band 7) – Mental Health Services</li> <li>+ Primary Care Partnership Hub Practitioner (Band 6) – Mental Health Services.</li> <li>+ Driver - Acute Care At Home Team (Band 2)</li> <li>+ Deputy Manager, Residential Homes for People with Dementia (Band 6)</li> <li>+ Administration Service Manager (Band 7)</li> <li>+ Acting Head of Learning Disability Services (Band 8C)</li> <li>+ Peer Support Worker: Mental Health (Band 3)</li> <li>+ Social Care Co-ordinator (Band 4)</li> <li>+ Dementia Nurse, Dementia Inpatient/Outreach Service (Band 6)</li> <li>+ Triage/Discharge Assistant (Band 4)</li> <li>+ Care Review and Support Practitioner (Band 6): CReST</li> </ul> <p>The new roles that have been created within the Directorate have all been assessed by the Pay Modernisation Team within HR</p>
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Key Area	Action	Lead	Update March 2017
<p><b>8. Professional Issues</b></p>	<p>To support the implementation of the revalidation process for nurses</p> <p>To support the registration process within the Social Care Workforce</p>	<p>Senior Managers / Human Resources / Professional Leads</p>	<p>During the course of the next 6 months a total of 554 nursing staff will be required to participate in revalidation as shown in the table below. The information is based on HRTPS as at 31 March 2017.</p> <p>Both social work and social care staff are now required to register with the Northern Ireland Social Care Council (NISCC). There was approximately 2000 social care staff to be registered by 31 March 2017. By the end of the year approximately 150 staff, who had still to</p>

			<p>register with NISCC. The reasons for this include staff on sick leave career break and other leave.</p> <p>The Mental Capacity Bill passed into law in 2016. The impact the Bill will have on the Service is still unclear as many of the issues that will affect the service are likely to be modified dependent on the guidance to the Act.</p> <p>Over the last 6 years, there has been significant growth in the amount of adult safeguarding work being undertaken. During the last year, the Trust had 36% of the total number of regional referrals (3069), of which 2984 were to the ASPC Directorate. The new adult safeguarding policy and procedures will have a major impact on the Directorate. There will be greater expectation in relation to prevention work, with no additional funding being provided.</p> <p>The new policy will see the creation of a single point of contact for referrals; new definitions on the management of adults at risk of harm, who do not meet the current threshold for protection, which will lead to additional work within the services. Designated Adult Protection Officers must be qualified social workers at Band 7 or above who will require extensive training on the new policy. It has been identified that there will be considerable costs associated with the implementation of the new policy and procedures.</p>
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## MAHI - STM - 285 - 24

Month Registration due to expire	Number of staff
<b>Lapsed Registrations</b>	<b>5*</b>
March 2017	1
April 2017	37
May 2017	31
June 2017	37
July 2017	68
August 2017	28
September 2017	352

\*3 members of staff were on a career break, 1 was on long term sick leave and 1 is carrying out trade union duties full time.

Key Area	Action	Lead	Update March 2017
9. Recruitment and Retention Strategies and Actions	To support the Directorate in the development of recruitment and retention strategies for identified hot spot areas	Senior Leads / Human Resources	<p>There were 221 requisitions raised to fill vacant posts. There were 98 for nursing and 88 for social services positions. Older People services had 76 requisitions for vacant posts; Mental Health Services had 51 and Learning Disability had 49 requisitions.</p> <p>There was also a Directorate wide recruitment fayre for Nurses and Social Workers, which took place on Saturday 14 May 2016; over 268 individuals attended with 192 individuals successful on the day. Twenty Social Worker appointments were made and 30 appointments were made to Nursing posts, subject to pre-employment checks. A waiting list has been established. There was 24 Staff Nurses Band 5 appointed to Learning Disability services and 6 in Mental Health.</p>
	To review and monitor reasons for leaving to inform action		<p>An analysis of the need to undertake another Recruitment fayre in 2017 is currently being carried out.</p> <p>During the year, The Mod &amp; WFP and the Retained Recruitment Teams have worked with the managers at MAH to devise a plan to address the staffing issues, linked to the patient resettlement process. These delays were due to difficulties experienced by</p>



		<p>external organisations linked to the building of suitable new premises into which patients can be resettled.</p> <p>There is no significant change in either the number of staff leaving the Directorate nor the reasons for their leaving.</p> <p>The Trust Nursing Voluntary Internal Transfer Policy went live in June 2016 and as at 31 January 2017 has received 112 internal transfer requests. Nine of these requests came from Adult Social &amp; Primary Care staff. Twenty-two staff made requests to transfer into the Adult Social &amp; Primary Care Directorate <b>Do we know what area they wanted to move into?(Emailed Margaret Devlin 28/07 to find out)</b>. It was the only Directorate to receive more requests into the Directorate than out.</p> <p>When comparing the list of Directorate new starts against leavers, excluding temporary staff, 15 had started and subsequently left in the same reporting period. Ten of these staff belonged to the Nursing &amp; Midwifery occupational group. Seven were Band 5 (6.6 WTE) and 3 were Band 3 staff (2.8 WTE). Their reasons for leaving were mostly Resignation.</p> <p>Of the 15 staff, 8 left from the Care of the Elderly services, 4 from Mental Health, and 3 from Children &amp; Learning Disability.</p> <p>There were 32 leavers in the reporting period at Band 7 level, 29.64 WTE. (9.7% of all leavers) 15 left under 'Resignation', 14 left due to Retirement, 2 under Ill Health Retirement and 1 Ill Health termination.</p>
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## Reasons for Leaving the Directorate

MAHI - STM - 285 - 26

Reason for Leaving	2015/16		2016/17	
	HC	WTE	HC	WTE
Resignation	123	101.51	136	107.73
Retirement	61	50.13	78	67.72
Medical Rotation	54	52.5	40	38.69
Ill Health - Termination	23	17	30	22.98
Ill Health - Retirement	16	13.5	14	11.08
Transfer To Other HSC Org.	14	13.1	9	6.68
End of Fixed Term Cont/Event	5	4.8	5	4.6
VER	2	2	5	3.68
Death in Service	1	1	1	1
Dismissal - Disciplinary Act.	1	0.8	2	2
External Seconded Out			1	1
<b>Grand Total</b>	<b>300</b>	<b>256.34</b>	<b>321</b>	<b>267.16</b>

Key Area	Action	Lead	Update March 2017
10. Local Induction	To review local induction arrangements	Senior Managers / Human Resources	<p>A local induction programme is in place in all of the service areas within the Directorate. It has been used for new starts appointed following the Recruitment Fayre on 14 May 2016.</p> <p>The programmes have been updated following feedback from previous participants.</p>

Key Area	Action	Lead	Update March 2017
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<b>11. Succession Planning</b>	To take targeted action to provide succession planning development opportunities in identified groups and areas including: <ul style="list-style-type: none"> <li>▪ Coaching</li> <li>▪ Staff Development Review Process (PCF / PDP)</li> <li>▪ Growing Our People Today for Tomorrow : either bespoke or part of Trust-wide programme</li> <li>▪ To undertake further analysis, eg. survey or interviews to inform further action</li> </ul>	Senior Managers / Workforce Planning Team	A succession plan has been developed for the Trust, which is based on which Tier the staff member is as opposed to Bands. The highlights for the ASPC Directorate are that: <p>There are 112 staff in Tiers 2 to 5.</p> <p>The Directorate accounts for almost 21% of the total staff at these levels within the Trust.</p> <p>There are 8 staff at Tier 3; 32 at Tier 4 and 71 at Tier 5.</p> <p>Currently 2 members of staff, at Tiers 4 and 5, are undertaking the Succession Planning Course.</p>
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Key Area	Action	Lead	Update March 2017
<b>12. Improving Health and Wellbeing and Engagement within Directorate</b>	To reduce the level of sickness absence within the Directorate by 1%	Co-Directors / Senior Managers / Human Resources	The level of sickness absence rose from 7.07% at 31 March 2016 to 7.72% at 31 March 2017 and the target for the end of the year was 6.71%. The absence rate is 1.28% above the Trust rate. <p>On average 20 days were lost per employee due to sickness absence.</p> <p>Over 25,000 days were lost due to mental health illnesses.</p> <p>Return to Work interviews were completed on 46% of occasions.</p>

	<p>To develop a bespoke health and wellbeing and engagement action plan for the Directorate.</p> <p>Consistent application of attendance management toolkit and Trust policy. Review underlying reasons for absence (root cause) and bespoke programme in place to address issues.</p> <p>Increase awareness and knowledge of local 'B'Well' and regional 'Choose Well' programmes. Increase Directorate representatives at the Health and Wellbeing Steering Group.</p> <p>Support Living the Values of the Trust within the Directorate.</p>		<p>A Trust Wide Steering Group has been established and the Directorate is represented on this group.</p> <p>The Attendance Management Team had completed an exercise to review the causes of absence across the Trust in the latter part of 2015 and ASPC were involved in this exercise.</p> <p>The Directorate has a representative on the "B"Well Group.</p> <p>Eighty-seven teams have held workshops on values up to the end of March 2017.</p>
Key Area	Action	Lead	Update March 2017
13. Technology	<p>To continue to improve access, knowledge and skills in the use of new technology</p> <p>To embrace and utilise technology to support new ways of working</p>	Co-Directors / Senior Managers	<p>During the year to 31 March 2017, the number of staff registered to use HRPTS increased from 2310 to 4771. There was a request for 2878 password resets, which are due to staff locking themselves out of the system or forgetting their password.</p> <p>The roll out of Community Information System - PARIS is almost complete and at the end of the year Psychology were the last major team to complete this exercise.</p> <p>Generally, within the service there is a move away from manual/ paper records. Staff Plan has been</p>

			<p>rolled out within the Older People Service. Currently the system is of limited use with the biggest benefit being the reporting mechanism. There are issues with scheduling which makes the system labour intensive for the Co-ordinators.</p>
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DRAFT

Leadership Structures

Learning Disability Services

- The proposed Divisional Leadership Team comprises:
    - Chair of Division (new role)
    - Co-Director (existing role)
    - Divisional Social Worker (new)
    - Divisional Nurse (new)
    - Carer Consultant (new)
- The team collectively reports to the ASPC Director and professional reporting lines remain unchanged



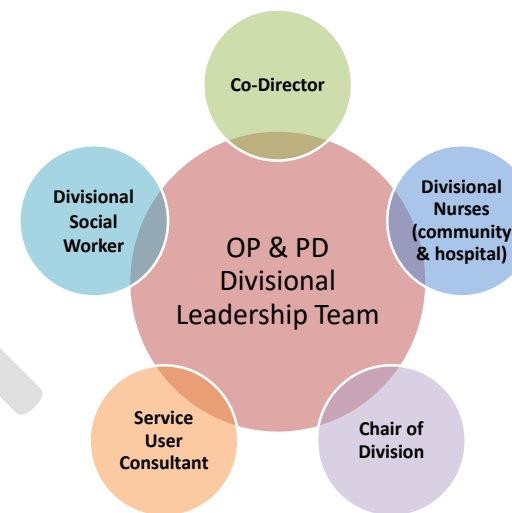
Mental Health Services

- The proposed Divisional Leadership Team comprises:
    - Chair of Division (new role)
    - Co-Director (existing role)
    - Divisional Social Worker (new)
    - Divisional Nurse (new)
    - Service User Consultant (existing role)
- The team will collectively report to the ASPC Director. Professional reporting lines remain unchanged



**Older People's & Physical  
Disability Services**

- The proposed Divisional Leadership Team comprises:
- Chair of Division (new role)
  - Co-Director (existing role)
  - Divisional Social Worker (new)
  - 2 Divisional Nurses (new) for Community and Hospital
  - Service User Consultant (new)
- The team will collectively report to the ASPC Director. Professional reporting lines remain unchanged





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## **SUMMARY REPORT**



**ASPC Directorate, Muckamore Abbey Hospital (MAH)**

**Modernisation & Workforce Planning Team**

**Human Resources**

**16 August 2018**





## 1. Introduction

Management within Adult Social Primary Care Directorate requested support from the Modernisation and Workforce Planning Team (M&WFP Team) within Human Resources in relation to concerns regarding the number of staff leaving voluntarily from Muckamore Abbey Hospital (MAH) through resignation or retirement.

Within the Trust all staff processed as leavers (with the exception of Medical and Dental) and who leave voluntarily are invited to undertake an Exit questionnaire on the Human Resources Payroll Travel and Subsistence (HRPTS) system via Employee Self Service.

An action of the Muckamore Abbey Task and Finish Group was that exit interviews would be undertaken on a pilot basis by the (M&WFP) Team as an alternative to completion of the Exit Questionnaires on HRPTS.

The pilot took place during the period December 2017 – April 2018. The (M&WFP Team) conducted eleven exit interviews with staff. All interviews took place with the agreement of staff on an anonymised basis and were conducted either in person at MAH or McKinney House, with one interview conducted by telephone.

Information obtained was gained through open and honest discussion with staff using an Exit Interview questionnaire. The Exit Interview Questionnaire, designed for this exercise, is attached as **Appendix 1**.

## 2. Analysis of information from Exit Interviews

### Quantitative Analysis

Of the eleven staff interviewed seven resigned and four retired.

One member of staff interviewed was from the Administrative and Clerical occupational group with the remaining 10 being Band 5 nurses. Seven of these nurses resigned and three retired.

All of the seven nurses who resigned secured Band 5 posts with other HSC Trusts. It is worth noting that five of these staff went to the South Eastern Trust in areas outside of Learning Disability Nursing.

45% of staff (5 headcount) cited wellbeing and safety at work as the main reason for leaving. It is also worth noting that a further three staff cited wellbeing and safety at work as a contributory reason to their decision to leave. Three members of staff cited "Retirement" as the main reason for leaving, one member of staff cited "Not Satisfied in Job Role" as a main reason for leaving, one person citing "Lack of training and development" and another staff member citing "Unsuitable location".

"Working relationship with manager", "not satisfied in job role" and "wellbeing and safety at work" as highlighted earlier, featured as contributory reasons for leaving and was selected by multiple staff.

64% would not recommend MAH as a place to work, however, 82% would recommend Belfast Trust as a place to work, with 18% undecided/cannot comment.

## **Qualitative Analysis**

Below is a synopsis of the issues identified. Selected quotes from staff are displayed overleaf with a comprehensive listing provided in **Appendix 2**.

### **- Patient Safety/Governance**

#### **- Well Being and Safety at Work**

- Physical Aggression
- Stress/low morale

#### **- Management of Staff**

- Investigations/Safeguarding
- Lack of support from line management/senior management
- Lack of presence of senior management on site (8B and above)
- Work/life Balance
- Communication
- Induction, Training
- Job Satisfaction

### Quotes from Staff Interviewed

Insufficient/dangerous staffing levels

Mental scars from violence

New band 5 staff are leaving as they are thrown into the deep end

If there is an incident of challenging behaviour there is not enough staff to respond in a timely manner

Registration at risk

Poor staff morale affects mental health

Feel burnt out, exhausted

I submitted around 50 IR1 forms, never was there any follow up or debrief or learning

Staff are falling off their feet have not ate meals, and are pulled for having a drink of water on the wards

Inappropriate use of cameras

Preceptorship not getting completed due to staffing levels

Blame Culture

Only one 1:1 meeting with manager in two and a half years

Feel I have not been listened to previously or have confidence that something will happen

Never see management unless something is wrong  
No support from senior management

Qualified nurses are not used to their full potential. Extremely understaffed resulting in me completing B3 duties as opposed to B5

From the findings of the Exit interviews it is clear that an action plan needs to be developed to address some of the concerns cited as the reasons why staff left. Based on the findings to date the M&WFP team recommend the following actions be implemented.

- Adequate induction programme to support newly qualified band 5 staff.
- Ensure staff complete preceptorship in a timely manner.
- Review of new staff at quarterly intervals.
- Time to reflect on practice where incident of challenging behaviour occurs.
- Awareness on appropriate use of CCTV.
- Feedback process on all IR 1 forms.
- Identify what safe staffing levels are for all shifts and ensure ward is adequately resourced.
- Demonstrate a cohesive management approach by senior managers within the hospital.
- Increased visibility on an ongoing basis of Senior Management on site.

## **Conclusions**

The exit interviews carried out with the staff in Muckamore Abbey Hospital to date have been invaluable. They have helped to identify a wide range of issues that can be addressed by management. This exercise, together with the implementation of the recommendations should help to retain staff in the future and to engage staff in the process of improving their working experience within Muckamore Abbey Hospital which ultimately will result in an improved client experience.

# Exit Interview Questionnaire



## Muckamore Abbey

Questionnaire to be completed by Modernisation & Workforce Planning Team within Human Resources and will be used flexibly and adapted to the circumstances of the interview.

**\* 1. Personal Details:**

First Name: \_\_\_\_\_ Date: \_\_\_\_\_

Surname: \_\_\_\_\_ Completed by: \_\_\_\_\_

Staff Number: \_\_\_\_\_

Band: \_\_\_\_\_

Job Title: \_\_\_\_\_ Trained in \_\_\_\_\_

Ward: \_\_\_\_\_

Line Manager: \_\_\_\_\_

Last Day of Service: \_\_\_\_\_

\* Job Family:

**\* 2. Reason for Leaving:**

**2.1 On what basis are you leaving the Trust?**

- Resignation
- Retirement
- Temporary Contract

**2.2 Please select your main reason for leaving? (Select one)**

<input type="checkbox"/>	Working relationship with manager	<input type="checkbox"/>	Unsuitable location
<input type="checkbox"/>	Working relationship with colleagues	<input type="checkbox"/>	Return to Education
<input type="checkbox"/>	Lack of Training and Development	<input type="checkbox"/>	End of Fixed Term Contract
<input type="checkbox"/>	Promotion prospects / Career prospects	<input type="checkbox"/>	Retirement
<input type="checkbox"/>	Flexible working / Work life balance	<input type="checkbox"/>	
<input type="checkbox"/>	Wellbeing and safety at work	<input type="checkbox"/>	
<input type="checkbox"/>	Not satisfied in job role	<input type="checkbox"/>	
<input type="checkbox"/>	Pay / Terms and Conditions	<input type="checkbox"/>	
<input type="checkbox"/>	Other (Reason)	<input type="checkbox"/>	

*Explore response further*

**2.3 Please select any other reasons which contributed to you deciding to leave the Trust?  
(Select a maximum of two)**

<input type="checkbox"/>	Working relationship with manager	<input type="checkbox"/>	Unsuitable location
<input type="checkbox"/>	Working relationship with colleagues	<input type="checkbox"/>	Return to Education
<input type="checkbox"/>	Lack of Training and Development	<input type="checkbox"/>	End of Fixed Term Contract
<input type="checkbox"/>	Promotion prospects / Career prospects	<input type="checkbox"/>	Retirement
<input type="checkbox"/>	Flexible working / Work life balance	<input type="checkbox"/>	
<input type="checkbox"/>	Wellbeing and safety at work	<input type="checkbox"/>	
<input type="checkbox"/>	Not satisfied in job role	<input type="checkbox"/>	
<input type="checkbox"/>	Pay / Terms and Conditions	<input type="checkbox"/>	
<input type="checkbox"/>	Other (Reason)	<input type="checkbox"/>	

*Explore response further*

**3. \* Do you feel anything could have been done to encourage you to stay?**

**4. What have you enjoyed whilst working in Muckamore Abbey?**

**5. What have you found challenging whilst working in Muckamore Abbey?**

**6. Would you recommend Muckamore Abbey as a place to work?**

YES Explore

NO Explore

**\* 7. Would you recommend Belfast Trust as a place to work?**

YES Explore

NO Explore

**8. Where are you going?:**

**8.1 Have you secured a job within another organisation?**

YES

NO (please progress to 7.3)

**\* 8.2 What sector is your new job in?**

HSC Organisation

- Northern Trust
- South Eastern Trust
- Western Trust
- Southern Trust
- BSO
- NIBTS
- Other NHS Organisation (Please Specify) \_\_\_\_\_

\* What AFC band is your new position? \_\_\_\_\_

Other Public Sector

Private Sector

Voluntary Sector

Other (Please Specify) \_\_\_\_\_

**8.3 On leaving are you joining a bank within the Trust?**

YES

NO

***Thank you for your co-operation. \****



Synopsis of Issues listed
Related quotes from staff
<b>Patient Safety/Governance</b>
<ul style="list-style-type: none"> <li>• Clients need time, attention and consistency. Client group has changed dramatically, now more forensic and challenging, if there is an incident of challenging behaviour there is not enough staff to respond in a timely manner</li> </ul>
<ul style="list-style-type: none"> <li>• Continuity of care fractured due to number of bank and agency staff</li> </ul>
<ul style="list-style-type: none"> <li>• Not enough staff for the numbers of patients and their needs</li> </ul>
<ul style="list-style-type: none"> <li>• Insufficient/dangerous staffing levels, staff need to be MAPPA trained, so use of agency staff is therefore not a realistic option as they are unfamiliar with the clients and not a true replacement for staff on the ward</li> </ul>
<ul style="list-style-type: none"> <li>• A lot of expectations in terms of restraining but without the staffing levels to deliver</li> </ul>
<ul style="list-style-type: none"> <li>• Registration at risk, there are not the resources to deliver</li> </ul>
<ul style="list-style-type: none"> <li>• I submitted around 50 IR1 forms, never was there any follow up or debrief or learning yet in one of these incidents 3 people were injured</li> </ul>
<ul style="list-style-type: none"> <li>• No nursing supervision</li> </ul>
<ul style="list-style-type: none"> <li>• Insufficient staffing levels resulting in clients not getting enough attention and potential for medication errors</li> </ul>
<b>Well Being and Safety at Work</b>
<ul style="list-style-type: none"> <li>○ Physical Aggression</li> </ul>
<ul style="list-style-type: none"> <li>○ Daily risk of physical harm</li> </ul>
<ul style="list-style-type: none"> <li>○ Mental scars from violence</li> </ul>
<ul style="list-style-type: none"> <li>○ Incidents of completely unexpected aggression</li> </ul>
<ul style="list-style-type: none"> <li>○ Staff just going through the motions of their role as everyone feels compromised due to investigations</li> </ul>
<ul style="list-style-type: none"> <li>○ Made to feel guilty if you have to go home as a result of an injury</li> </ul>
<b>Stress/morale low</b>
<ul style="list-style-type: none"> <li>▪ Morale at an all time low</li> </ul>
<ul style="list-style-type: none"> <li>▪ Poor staff morale affects mental health</li> </ul>
<ul style="list-style-type: none"> <li>▪ Increasingly challenging more recently, even difficult to get toilet and meal breaks</li> </ul>
<ul style="list-style-type: none"> <li>▪ Moved from pillar to post</li> </ul>
<ul style="list-style-type: none"> <li>▪ Staff are falling off their feet have not ate meals, and are pulled for having a drink of water on the wards (following surveillance on CCTV)</li> </ul>
<ul style="list-style-type: none"> <li>▪ Staff feel vulnerable</li> </ul>
<ul style="list-style-type: none"> <li>▪ Expected to do 10 things at once</li> </ul>
<ul style="list-style-type: none"> <li>▪ Muckamore used to be a community, that is no longer the case</li> </ul>

<ul style="list-style-type: none"> <li>▪ <b>Feel burnt out, exhausted</b></li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>Poor staff morale due to agency staff paid enormous wages but not fulfilling full role (undertaking one to ones).</b></li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>20-25 nurses started in Muckamore from my university class approximately only 2 remain working here</b></li> </ul>
<p><b>Management of Staff</b></p>
<p><b>Investigations/Safeguarding</b></p>
<ul style="list-style-type: none"> <li>➤ <b>Inappropriate use of cameras</b></li> </ul>
<ul style="list-style-type: none"> <li>➤ <b>No support regarding safeguarding</b></li> </ul>
<ul style="list-style-type: none"> <li>➤ <b>Everyone is under suspicion</b></li> </ul>
<ul style="list-style-type: none"> <li>➤ <b>Blame Culture</b></li> </ul>
<ul style="list-style-type: none"> <li>➤ <b>Spot checks feel like spying</b></li> </ul>
<ul style="list-style-type: none"> <li>➤ <b>Investigations take too long</b></li> </ul>
<p><b>Lack of support from management/senior management</b></p>
<ul style="list-style-type: none"> <li>❖ <b>Not appreciated</b></li> </ul>
<ul style="list-style-type: none"> <li>❖ <b>Senior managers were not working as a team. Conflict filtered down and arguments from senior managers filtered down - power struggle</b></li> </ul>
<ul style="list-style-type: none"> <li>❖ <b>Never see management unless something is wrong. Senior Management (8B &amp; above) never seen on the ground.</b></li> </ul>
<ul style="list-style-type: none"> <li>❖ <b>No support from senior management</b></li> </ul>
<ul style="list-style-type: none"> <li>❖ <b>Managers are available but afraid to roll up their sleeves</b></li> </ul>
<ul style="list-style-type: none"> <li>❖ <b>Band 6 staff are counted in the skill mix but not involved in direct patient care and should be able to assist in times of need</b></li> </ul>
<p><b>Worklife Balance</b></p>
<ul style="list-style-type: none"> <li>• <b>No flexibility with Rotas, rotas not completed 4 weeks in advance so cannot arrange childcare</b></li> </ul>
<p><b>Induction, Training</b></p>
<ul style="list-style-type: none"> <li>○ <b>Feel I have not been listened to previously or have confidence that something will happen</b></li> </ul>
<ul style="list-style-type: none"> <li>○ <b>No feedback or checking from senior management if ok following injury</b></li> </ul>
<ul style="list-style-type: none"> <li>○ <b>Only one 1:1 meeting with ward manager in two and a half years</b></li> </ul>
<ul style="list-style-type: none"> <li>○ <b>Managers highlight all the wrongs there is a lack of positive feedback</b></li> </ul>
<ul style="list-style-type: none"> <li>○ <b>New band 5 staff are leaving as they are thrown in at the deep end</b></li> </ul>
<p><b>Communication</b></p>
<ul style="list-style-type: none"> <li>○ <b>Mandatory basic induction not completed, not aware of what to do when sick for example</b></li> </ul>
<ul style="list-style-type: none"> <li>○ <b>Insufficient support following on from induction</b></li> </ul>

<ul style="list-style-type: none"> <li>○ <b>Nurse in charge within my first month, not prepared as new to the post and first post from university, didn't feel there was enough support in place and didn't feel comfortable being put in position.</b></li> </ul>
<ul style="list-style-type: none"> <li>○ <b>First day on duty really taken aback at the way staff on the ward were spoken to by management, staff were really upset and ended up in tears.</b></li> </ul>
<p><b>Job Satisfaction</b></p>
<ul style="list-style-type: none"> <li>▪ <b>Qualified nurses are not used to their full potential. Extremely understaffed resulting in me completing B3 duties as opposed to B5</b></li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>Preceptorship not getting completed due to staffing levels not being utilised as a B5 nurse, spends a lot of time undertaking B3 role, escorting etc. as a result, my nursing qualification and training are wasted. Can't take charge, can't do care plans, feel like a spare part</b></li> </ul>
<ul style="list-style-type: none"> <li>▪ <b>A lot of nursing time spent on computers/paperwork taking time away from engaging and interacting with patients</b></li> </ul>



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## SUMMARY REPORT

### Muckamore Abbey Hospital (MAH)



**(For the period October to December 2019)**

Modernisation & Workforce Planning Team  
Human Resources  
31<sup>st</sup> December 2019

## 1. Introduction

Management within the Adult Social Primary Care Directorate requested support from the Modernisation and Workforce Planning Team (M&WFP Team) within Human Resources relating to the increasing number of staff leaving Muckamore Abbey Hospital (MAH) through resignation or retirement.

Within the Trust all staff processed as leavers (with the exception of Medical and Dental) who leave voluntarily are invited to undertake an Exit questionnaire on the Human Resources Payroll Travel and Subsistence (HRPTS) system via Employee Self Service. As there has been a poor completion response rate on HRPTS it was agreed that as an alternative face to face interviews would be undertaken by the M&WFP Team with staff exiting Muckamore Abbey Hospital.

Face to face interviews took place from the end of October 2019 to December 2019. Whilst 22 names were given to the M&WFP Team, three staff had already left the service and only six others had handed in their notice. As a result, during this period Exit interviews were undertaken with the agreement of the six staff on an anonymised basis at Muckamore Abbey Hospital.

Information obtained was gained through open and honest discussion with staff using an Exit Interview questionnaire. The Exit Interview Questionnaire used for this exercise, is attached in **Appendix 1**.

## 2. Analysis of information from Exit Interviews

The following section summarises the responses to the questions contained in the Exit Questionnaire.

### Question 2. Reason for Leaving

Of the six staff interviewed five resigned and one retired. Five staff were from the Nursing occupational group – two were Band 5 Staff Nurses and three staff were Band 3 Healthcare Support Workers. Four of these staff resigned and one is retiring. One staff member was from the Medical and Dental occupational group.

Two staff cited “Wellbeing and Safety at work” as the main reason for leaving. It is worth noting that both of these staff were Band 3 Healthcare Support Workers (HCSW) and one further staff member cited “Wellbeing and Safety at work” as a contributory reason for their decision to leave. The other HCSW Band 3 and one of the Staff Nurses Band 5 cited “Career/Promotion prospects” as the main reason for leaving. One Staff Nurse Band 5 cited “Retirement” as a main reason for leaving, however, it should be noted that this staff member stated that they had decided to retire much earlier than intended and had taken voluntary early retirement resulting in them receiving a reduced HSC pension and lump sum. The remaining member of staff cited “Flexible working/Work life balance” as their main reason for leaving.

“Other Reason/s” featured as the contributory reason for leaving and was selected by multiple staff.

**Question 3. Could anything have been done to encourage you to stay at MAH?**

Of the six staff interviewed, five confirmed there was nothing that could have been done to encourage them to remain working at MAH, the remaining member of staff stated that they would have had no issues remaining at Muckamore, however, they had already given a commitment to move to another Trust on improved flexible working arrangements.

**Question 4. What have you enjoyed whilst working in MAH?**

All staff responded it was the great team of staff and working with the patients.

**Question 5. What have you found challenging whilst working in MAH?**

Below is a synopsis of the issues identified:

- Exposure to Physical Aggression;
- Dealing with extremely challenging behaviour;
- Pressure put on staff to return to work after sustaining work place injury;
- Very stressful environment;
- Staff feeling very vulnerable, under constant scrutiny;
- Qualified staff - fearful for their registration;
- Low morale;
- Negative publicity & public perception of the hospital and care delivered to patients;
- Endeavouring to maintain good relationships with relatives as a result of the negative publicity;
- Lack of certainty regarding future of Muckamore;
- Need to secure alternative employment due to vulnerability of MAH's future;
- Unsafe staffing levels – pressurised environment;
- High levels of agency staff;
- Pay of Agency staff in comparison to Trust staff;
- Management of agency staff (who are on significantly higher salaries than those having to manage them);
- Balancing work and caring responsibilities;
- Lack of support by line management for staff left on the wards following suspension of other staff involved in hospital safeguarding investigations;
- Lack of presence of new senior management team on the wards.

**Question 6. Would you recommend MAH as a place to work?**

Four of the six staff stated they would not recommend MAH as a place to work as a result of the issues identified in response to question 5 above.

The other two staff made the following comments:

- Staff were friendly
- Workplace was improving
- Interesting work

**Question 7. Would you recommend the Belfast Trust as a place to work?**

One staff member stated they would recommend the Belfast Trust as a place to work, however, they also commented that when things become difficult, the Trust is slow to respond. The others either stated that they would not recommend the Belfast Trust as a place to work as they felt the Investigation at MAH had been badly handled by the Trust, or, they felt unable to comment as they had not experienced working elsewhere in the Trust.

**Question 8.1. Have you secured a job in another organisation (If yes, where)?**

The five staff who resigned have all obtained employment within the HSC sector. One B5 Staff Nurse has obtained a promotion within the Northern Trust. One staff member is moving to a job share post in the Southern Trust. Of the three Healthcare Support Workers, one has taken a significant reduction in hours to take up a post in an Adult Resource Centre in the South Eastern Trust, one member of staff has taken a lower banded post as a HCSW Band 2 (outside of learning disability) within the Northern Trust and the other HCSW has obtained a B3 post in Oldstone, a residential unit for patients from MAH within the Belfast Trust.

**Question 8.2. On leaving, are you joining a 'Bank' within the Belfast Trust?**

Three staff stated they would not be joining the 'Bank', whilst one indicated that they were joining the Agency that supplies staff to MAH. The remaining three staff were already on the Trust 'Bank', with only one indicating that they would consider continuing to work on the 'Bank' in Muckamore Abbey Hospital.

**3. Conclusion**

The Exit interviews carried out with the staff in Muckamore Abbey Hospital have been invaluable. It should be noted that a number of the staff interviewed were very emotional and deeply regret that they felt they had no alternative but to either resign or retire from their posts.

It is hoped that the above responses and the actual staff comments contained in **Appendix 2** identify a range of issues that can be addressed by management and assist in the future retention of staff at Muckamore Abbey Hospital.

# Exit Interview Questionnaire



## Muckamore Abbey

*Questionnaire to be completed by Modernisation & Workforce Planning Team within Human Resources and will be used flexibly and adapted to the circumstances of the interview.*

**\* 1. Personal Details:**

First Name: \_\_\_\_\_ Date: \_\_\_\_\_

Surname: \_\_\_\_\_ Completed by: \_\_\_\_\_

Staff Number: \_\_\_\_\_

Band: \_\_\_\_\_

Job Title: \_\_\_\_\_ Trained in \_\_\_\_\_

Ward: \_\_\_\_\_

Line Manager: \_\_\_\_\_

Last Day of Service: \_\_\_\_\_

\* Job Family:

**\* 2. Reason for Leaving:**

**2.1 On what basis are you leaving the Trust?**

- Resignation
- Retirement
- Temporary Contract

**2.2 Please select your main reason for leaving? (Select one)**

<input type="checkbox"/>	Working relationship with manager	<input type="checkbox"/>	Unsuitable location
<input type="checkbox"/>	Working relationship with colleagues	<input type="checkbox"/>	Return to Education
<input type="checkbox"/>	Lack of Training and Development	<input type="checkbox"/>	End of Fixed Term Contract
<input type="checkbox"/>	Promotion prospects / Career prospects	<input type="checkbox"/>	Retirement
<input type="checkbox"/>	Flexible working / Work life balance	<input type="checkbox"/>	
<input type="checkbox"/>	Wellbeing and safety at work	<input type="checkbox"/>	
<input type="checkbox"/>	Not satisfied in job role	<input type="checkbox"/>	
<input type="checkbox"/>	Pay / Terms and Conditions	<input type="checkbox"/>	
<input type="checkbox"/>	Other (Reason)	<input type="checkbox"/>	

*Explore response further*



**2.3 Please select any other reasons which contributed to you deciding to leave the Trust?  
(Select a maximum of two)**

<input type="checkbox"/>	Working relationship with manager	<input type="checkbox"/>	Unsuitable location
<input type="checkbox"/>	Working relationship with colleagues	<input type="checkbox"/>	Return to Education
<input type="checkbox"/>	Lack of Training and Development	<input type="checkbox"/>	End of Fixed Term Contract
<input type="checkbox"/>	Promotion prospects / Career prospects	<input type="checkbox"/>	Retirement
<input type="checkbox"/>	Flexible working / Work life balance	<input type="checkbox"/>	
<input type="checkbox"/>	Wellbeing and safety at work	<input type="checkbox"/>	
<input type="checkbox"/>	Not satisfied in job role	<input type="checkbox"/>	
<input type="checkbox"/>	Pay / Terms and Conditions	<input type="checkbox"/>	
<input type="checkbox"/>	Other (Reason)	<input type="checkbox"/>	

*Explore response further*

**3. \* Do you feel anything could have been done to encourage you to stay?**

**4. What have you enjoyed whilst working in Muckamore Abbey?**

**5. What have you found challenging whilst working in Muckamore Abbey?**

**6. Would you recommend Muckamore Abbey as a place to work?**

YES Explore

NO Explore

**\* 7. Would you recommend Belfast Trust as a place to work?**

YES Explore

NO Explore

**8. Where are you going?:**

**8.1 Have you secured a job within another organisation?**

YES

NO (please progress to 8.3)

**\* 8.2 What sector is your new job in?**

HSC Organisation

- Northern Trust
- South Eastern Trust
- Western Trust
- Southern Trust
- BSO
- NIBTS
- Other NHS Organisation (Please Specify) \_\_\_\_\_

\* What AFC band is your new position? \_\_\_\_\_

Other Public Sector

Private Sector

Voluntary Sector

Other (Please Specify) \_\_\_\_\_

**8.3 On leaving are you joining a bank within the Trust?**

YES

NO

***Thank you for your co-operation. \****

<b>Quotes from staff</b>
<ul style="list-style-type: none"> <li>• Never thought I would ever leave Muckamore having dedicated so many years of my career here, but it's too stressful and the pressure is too great.</li> </ul>
<ul style="list-style-type: none"> <li>• Feel at risk of physical harm on a daily basis, have been assaulted in the past and feel unable to put up with attacks on me – just can't take it anymore.</li> </ul>
<ul style="list-style-type: none"> <li>• Mental scars from physical assault, worried in case I totally over react if assaulted again.</li> </ul>
<ul style="list-style-type: none"> <li>• Incidents of completely unexpected aggression, feel targeted as it's never done in front of other staff.</li> </ul>
<ul style="list-style-type: none"> <li>• Patient profile has changed dramatically. As a result patients are displaying much more challenging behaviour which is putting everyone under a great deal of stress and strain. On occasions when the ward has been short staffed, I'm left with the one patient with extremely challenging behaviour for all of the 12 hour shift.</li> </ul>
<ul style="list-style-type: none"> <li>• Feeling of isolation as patients are in individual Pod's so you spend a lot of the shift on your own with the one patient.</li> </ul>
<ul style="list-style-type: none"> <li>• Not enough staff for the number of patients.</li> </ul>
<ul style="list-style-type: none"> <li>• Too stressful after all that's happened over the past year. Lack of staff and high number of agency staff who are not a true replacement for permanent staff on the ward. An awful lot expected despite the current situation.</li> </ul>
<ul style="list-style-type: none"> <li>• Feel as though you not only have to look after the patients but also the agency staff as they aren't familiar with the patients and you are trying to ensure their safety also.</li> </ul>
<ul style="list-style-type: none"> <li>• Stressful being in charge of a ward and managing agency staff who are getting paid more than the other qualified nurses on the ward.</li> </ul>
<ul style="list-style-type: none"> <li>• Poor staff morale due to agency staff paid enormous wages but not fulfilling full role.</li> </ul>
<ul style="list-style-type: none"> <li>• Bad publicity really taking its toll as many of us come from small communities and you feel it is reflecting on you as an individual.</li> </ul>
<ul style="list-style-type: none"> <li>• Ward staff feel very unsupported - member of team came into ward to advise they had just been suspended and to collect their belongings but staff on duty were left really upset and shell shocked – had a massive impact on everyone, but were just left to get on with it. Absolutely nothing was said to the ward staff by line management and acted as if nothing had happened. Think someone should have at least spoken to the ward staff to reassure and support everyone. It's a very stressful environment to be working in.</li> </ul>
<ul style="list-style-type: none"> <li>• Muckamore Abbey Hospital won't exist in the future, they are looking to close it. As a result there is no job security.</li> </ul>
<ul style="list-style-type: none"> <li>• Taking up a post with reduced pay/ hours but anything is better than continuing to work here.</li> </ul>

<ul style="list-style-type: none"><li>• Poor staff morale due to agency staff paid enormous wages but not fulfilling full role.</li></ul>
<ul style="list-style-type: none"><li>• Only two trained Band 5 nurses on duty per shift. Other M/H Units I have worked in have 2-3 Band 6's on duty on each shift.</li></ul>
<ul style="list-style-type: none"><li>• Trained staff spend so much time on paperwork taking time away from engaging and interacting with patients. Feel guilty and ward staff feel they are not being supported.</li></ul>
<ul style="list-style-type: none"><li>• Made to feel guilty if you have to go home as a result of an injury. Being put under pressure to get back to work as soon as possible.</li></ul>
<ul style="list-style-type: none"><li>• There is nothing on site to occupy the patients in the evenings which leads to frustration and boredom.</li></ul>
<ul style="list-style-type: none"><li>• Despite informing managers that things were very difficult and demands of the job were causing me stress, nothing was done until after I had to take sick leave.</li></ul>
<ul style="list-style-type: none"><li>• Ward staff haven't met new senior management team, it would be great to see them on all of the wards.</li></ul>
<ul style="list-style-type: none"><li>• When things go wrong it takes the Trust too long to address and respond to issues.</li></ul>