Muckamore Abbey Hospital Inquiry

Organisational Module 7- MAH Operational Management

WITNESS STATEMENT OF MARIE HEANEY

I, Marie Heaney, Retired Director of Adult Social and Primary Care 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 7 March 2024. The statement addresses a set of questions posed to me relating to MAH Operational Management.

2. This is my first witness statement to the MAH Inquiry.

3. The documents that I refer to in this statement can be found in the exhibit bundle attached to this statement marked “MH1”.

4. The 7 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. Following the completion of a BA degree in social policy, psychology and anthropology from Queen’s University Belfast, I undertook an employment based professional training programme and qualified as a social worker in 1984 with a Professional Certificate of Social Services awarded by the Central Council for Education and Training for Social Work (CCETSW).

6. I commenced my professional career in residential social work in South Belfast Community Unit of Management.

7. My formative experience in social care was working in statutory residential care facilities for older adults. Residents had a range of disabilities and conditions, including dementia, Parkinson's, chronic respiratory conditions, sensory impairments and mental disorders. I have many fond recollections of the resilient and memorable people in statutory care homes in 1980s Belfast.

8. My experience in these care facilities influenced my career path. I found that the environmental design and standards in these facilities could have been more suitable to meet the needs of residents. Sub-optimal physical and social environments often exacerbated behavioural issues. Care was delivered by care assistants with limited support from professional staff. Community health and social care services for older adults were underdeveloped and relied on outdated continuing care wards and statutory care homes.

9. In 1985, I knew I wanted to progress in my career. The experience I referred to above was a driving factor in my decision to remain in residential care for older adults and I became a care home manager in a fifty-place statutory facility.

10. In and around 1986, I became an Assistant Principal Social Worker managing various community social care services within South and East Belfast HSC Trust. As part of this role, I was involved in a significant change programme to close ten residential homes with reinvestment into new domiciliary care and community rehabilitation services, achieving positive outcomes for service users.

11. These roles highlighted for me the risks faced by some vulnerable older adults to neglect and abuse. At that time, elder abuse had limited recognition within the health and social care system.

12. The People First Community Care Policy in 1980 facilitated the privatisation of adult social care, which saw a rapid expansion of the private residential nursing and domiciliary care sector. It created the purchaser-provider split with care management processes established as an assessment and brokerage system.

13. These changes were mirrored in adult disability and mental health services and remain largely unchanged today.

14. Unlike other regions, Northern Ireland's adult Social Care legislation is drawn from several pieces of legislation dating back to the 1970s. There have been calls for a single legislative framework with accompanying guidance in line with the Care Acts in other jurisdictions. Reviews and consultations on Adult Social Care policy have been undertaken in the last decade; however, implementation has been slow.

15. I have worked in different roles throughout my career, including service planning and development, project management of the Eastern Health and Social Services Board commissioning strategy for older people, and senior operational management roles. All the roles I held reflected my interest in the development of services which could improve the functionality and quality of life outcomes for older people. In particular, the growth and expansion of supported housing for people with dementia, community-based rehabilitation, reablement and stroke services.

16. When the Belfast Trust was created in 2006, I was appointed to the post of Service Manager for Intermediate Care and Mental Health Services for Older People.

17. From 2012 I was the Co-Director for Older People/Physical Disability within the Directorate for Adult Social and Primary Care (ASPC) in the Belfast Trust. My Director was Catherine McNicholl until 2016, and, between 2016 and 2017, it was Cecil Worthington. In this position I was also the line

manager of the Safeguarding Lead (subsequently referred to as the Trust Adult Safeguarding Specialist).

18. On 1 September 2017, I was appointed as the Director of Adult Social and Primary Care (ASPC) in the Belfast Trust, before issues relating to abuse at MAH began to emerge. I gradually moved into the role from the time of my appointment and officially took up the post on 1 October 2017, upon Cecil Worthington's retirement.

19. In the role of Director of ASPC I was responsible for Adult Mental Health Services, Older Peoples Services, and Learning Disability Services. The ASPC Directorate was the second largest Services Directorate in the Belfast Trust, comprising specialist hospitals, inpatient wards, and an extensive range of community services across the three programmes of care, for example, district nursing, supported housing and residential care services, mental health and learning disability multidisciplinary teams, social work and care management teams as well as all commissioned care home and domiciliary care services in the private and voluntary sector.

20. Cecil Worthington had, for around a year, been acting as both the Director of ASPC, Director of Children's Services and the Executive Director of Social Work, as part of a review into whether the directorates should be combined. As he prepared to leave the position, he produced a report which concluded that the directorates should remain separate with a distinct director for each. I was therefore only the Director of ASPC.

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

Question 1

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

i. The cohort of staff or area for which you had leadership and/or management responsibility.

ii. The day to day responsibilities of your role.

My role in the operational management of MAH:

21. The only post in which I have held a role in the operational management of MAH has been as Director of ASPC, in the sense that MAH was within the ASPC Directorate. As I have explained above, the Director of ASPC is responsible for a broad range of different services and so is not, under normal circumstances, not involved in the day-to-day operational management of MAH.

22. My role in respect of MAH developed and changed during my tenure as Director of Adult Social and Primary Care. These changes reflected the evolving intensity and complexity of the crisis at the hospital and community learning disability services. My role in the operational management of MAH was not therefore always equivalent to the role that previous Directors of ASPC had held before me.

23. One thing I would like to say at the outset is that when I entered into the role of Director of ASPC I had intended and hoped to consider service redesign across the Directorate. However, the role quickly became focused on crisis management in MAH with little opportunity or capacity for service redesign. Instead, the focus was on governance, policy, commissioning and service gaps in the broader system in what was primarily a crisis management situation.

24. My role is best described by reference to three periods of time:

    a. September 2017-March 2019
    b. April 2019-October 2019
    c. October 2019-June 2020

September 2017-March 2019:

25. I did not anticipate, when I applied for or was appointed to the role of Director of ASPC, the crisis that would unfold within MAH.

26. At that time, the role of the Director in ASPC involved responsibility for three divisions/service delivery areas:

    a. Community and hospital services for Older People's Services and Community Physical Health Disability and Sensory Impairment services
    b. Adult mental health services
    c. Adult learning disability services, including community services, Muckamore Abbey Hospital and Iveagh Children's Assessment and Treatment Unit

27. As I have said above, ASPC was the second biggest directorate in the Belfast Trust, with an annual budget of around £400m. At the time I took up post, a management restructuring was underway throughout the Belfast Trust, which involved creating collective leadership teams (CLTs) in Divisions within Directorates.

28. The members of a CLT varied slightly depending on the needs of the relevant Division. However, they all consisted of a Co-Director, a Chair of Division who was required to be a medical consultant, and Divisional Leads. In Learning Disability, the nature of the services meant that the Divisional Leads included a Divisional Nurse and a Divisional Social Worker, with input from the Head of Psychology. It also included input from a carers consultant who had personal experience of a family member with a learning disability, Brenda Aaroy.

29. The purpose of the adoption of CLTs was to strengthen and delegate multi-disciplinary governance and leadership at an operational level.

30. From September 2017 until April 2019, the CLT in Learning Disability comprised the Chair of Division, then Dr Colin Milliken, the Head of Learning Disability Services, Mairead Mitchell, the Divisional Nurse, Esther Rafferty, the Divisional Social Worker, H425 [redacted], and the Head of Psychology Services, Sarah Meekin. The Collective Leadership Team was responsible for the day-to-day management of the hospital.

31. My role during this time was to work with the Directors Oversight Group and the CLT to ensure patient protection after the allegations of mistreatment of patients had been raised and subsequently viewed on CCTV, and to provide assurances about MAH patient safety to the Belfast Trust Board. This included reviewing the effectiveness of the systems which were in place, changing or replacing those systems as appropriate, co-ordinating effective working arrangements and communication across the different teams within the Belfast Trust and between the Belfast Trust and external agencies.

32. On a practical level, this meant establishing working groups and meetings, creating and monitoring the progress of action plans, developing, progressing and monitoring the progress of resettlement, looking at data and trend analysis, providing briefings and update reports for meetings and committees (including the Trust Board) and commissioning, co-ordinating and/or overseeing audits and reviews. Despite retaining overall responsibility for the entire ASPC Directorate, my diary was dominated by Learning Disability Services.

33. This statement has asked me to address specific questions about the operational management of MAH. Consequently, I do not therefore consider that these questions anticipate the provision of a complete and detailed list of all of the steps I took or measures which were actioned between September 2017 and March 2019. However, I have provided a summary of these actions at question 15 below and will happily provide more information as to the changes which were implemented and what steps were taken if the MAH Inquiry would find that to be helpful.

March 2019 - October 2019:

34. By March 2019, notwithstanding the considerable efforts that had gone in by many people, it was apparent that in order to support the stabilisation of management structures in MAH and Community Services, it would be best for other Directors to cover the normal functions of the Director of ASPC to allow me to spend 6 months focusing solely on MAH. RQIA had carried out an unannounced inspection of MAH between 26 and 28 February 2019 and had requested a meeting to discuss their notice of intention to serve six improvement notices. That meeting was organised for 6 March 2019, at which the Belfast Trust presented a detailed Action Plan on a range of actions being taken forward in MAH to address the issues that RQIA were concerned about.

35. Temporary arrangements were put in place at Director level, in order to allow me to focus exclusively on trying to deliver a robust action plan to improve the safety and effectiveness of care at MAH, lead the investigation into staff behaviours and to play a full part on behalf of the Belfast Trust in working with the Region to deliver on the commitment that had recently been made by the then Department of Health Permanent Secretary that, by the end of 2019, no patient should call MAH their home.

36. The Belfast Trust Chief Executive, Martin Dillon, therefore reallocated responsibility for Older People and Adult Social and Primary Care to Bernie Owens, who was then Director of Unscheduled and Acute Care, and Mental Health Services to Mr Dawson who was then Director of Specialist Hospitals and Women's Health.

37. In addition, Dr Jack, who was then the Belfast Trust Medical Director, chaired a new group, the MAH Directors Assurance Group, to provide assurance to the Chief Executive and the Chairman of Trust Board on the delivery of the action plan, progress with the Belfast Trust investigation and progress with the Regional resettlement plan.

38. This transition was discussed at the Executive Team Meeting on 27 February 2019, a copy of the minutes for which can be found behind Tab 2 of the exhibit bundle, and the Confidential Trust Board Meeting on 7 March 2019, a copy of the minutes for which can be found behind Tab 3 of the exhibit bundle.

October 2019-June 2020:

39. Commencing from 14 October 2019, further temporary Directorate management arrangements were implemented to address the situation with MAH further by spreading responsibility for the various MAH related workstreams generated by the investigation across different Directors.

40. From that point, I would lead Older Peoples Community Services and Learning Disability Community Services, where we defined six priority workstreams including a community governance system.

41. Carol Diffin, the then Executive Director of Social Work, became responsible for overseeing the historic viewing of CCTV at MAH and the associated safeguarding processes.

42. Jackie Kennedy, the then Director of HR, became the lead with responsibility for the Belfast Trust's disciplinary process and the link with PSNI.

43. Bernie Owens, who had been the Director of Unscheduled and Acute Care, became the Director responsible for the running of MAH and retained responsibility for some matters from her original portfolio, such as Neuroscience and Radiology. From recollection, Mrs Owens' title became "Director of Neuroscience, Radiology and Muckamore Abbey Hospital".

44. Dr Brian Armstrong stepped in as Interim Director of Unscheduled and Acute Care, replacing Mrs Owens in all areas other than Neuroscience and Radiology. He also became responsible for hospital-based care of the elderly, step down and acute care at home.

45. The MAH Senior Team working with Mrs Owens was Gillian Traub, as Co-Director of MAH and Patricia McKinney as Divisional Nurse, alongside staff who were seconded from Mental Health Services.

46. These arrangements were detailed in the Executive Team Meeting on 2 October 2019, the minutes for which can be found behind Tab 4 of the exhibit bundle and in the Trust Board meeting on 3 October 2019, minutes for which can be found behind Tab 5 of the exhibit bundle.

47. My role in the overall operational running of MAH therefore came to an end in October 2019, despite the fact that my title remained Director of ASPC. From October 2019, I focused on community learning disability services and older people's services, which included the first wave of COVID-19.

48. Prior to my retirement in June 2020, a paper outlining a risk-based case for a separate Directorate for Learning Disability and Mental Health was developed and submitted to the Chief Executive.

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

49. A Director generally has responsibility for overseeing Divisional level staff within the Directorate. When I first came to post, I had responsibility for the three divisions within ASPC: Learning Disability, Mental Health and Older People's Services. Staff at MAH sat within the Learning Disability Division.

50. The cohort of staff I had responsibility for changed, however, in accordance with the interim arrangements that were put in place in March 2019 and then October 2019, as outlined above.

51. As I have outlined above, the timing of me taking up the role of Director coincided with the commencement of viewing of historical CCTV footage at MAH. This resulted in various immediate protective steps being taken and

there was a high turnover in staff. At the same time, CLTs were being established within the Directorate. This often meant that I found myself fulfilling operational roles where gaps existed and sitting in and being involved in meetings and decision making at a Divisional Level.

The day-to-day responsibilities of my role:

52. The day-to-day responsibilities of my role changed according to the three time periods I have discussed above.

53. In general, the day-to-day responsibilities of the Director were to provide oversight of all aspects of the care delivery across three programmes of care. This oversight required close working with the CLTs through group and individual meetings and knowledge of the strengths and weaknesses of governance systems and processes. Directors' schedules tended to be dominated by the established pattern of meetings, for example, twice weekly Executive Team meetings, twice monthly Trust Board related meetings, regional meetings with other Trusts and the Health and Social Care Board. Monthly Directorate-wide meetings and dealing with large volumes of e-mail correspondence, phone calls, daily issues and incidents. Directors also participated in on call rotas for unscheduled care.

54. However, as the earlier part of my answer will make clear, until October 2019 my day-to-day role was in reality dominated by MAH, and once the allegations of abuse came to light, the management of those allegations and the implementation of change at MAH.

Question 2

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

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

55. As I have explained above, the timing of me taking up the role of Director of ASPC coincided with the implementation of CLTs within ASPC. It also coincided with the discovery of CCTV footage of incidents in the MAH psychiatric intensive care unit.

Pre-2017:

56. Immediately prior to my commencement as Director, the operational structures in MAH were:

    a. Executive Director of Social Work (Children's Services/Adult Social and Primary Care).
    b. Acting Head of Learning Disability Services.
    c. Service Manager for MAH.
    d. Three Assistant Service Managers (sometimes referred to as Senior Nurse Managers) in MAH.
    e. Ward Managers/Charge Nurses for each of the eight remaining wards.
    f. Deputy Ward Managers/Charge Nurses.

57. Small teams of other professional groups, including psychiatry, psychology, occupational therapy, physiotherapy, and social work, supported the care delivery on the MAH wards.

September 2017- March 2019:

58. When I came into post, I became the Director of ASPC and I replaced the Executive Director of Social Work who, as an interim arrangement that I have discussed at paragraph 20 above, had ASPC within his portfolio over the previous year. I have also explained that CLTs were in the process of being implemented. The remaining structures remained the same.

59. The structures were:

a. Director of ASPC
b. Senior Management Team within ASPC
c. Collective Leadership Team (in progress)
d. Service Manager
e. Assistant Service Managers
f. Ward Sisters/Charge Nurses
g. Deputy Ward Sisters/Charge Nurses
h. Night Co-ordination Team

60. Small teams of other professional groups, including psychiatry, psychology, occupational therapy, physiotherapy, and social work continued to support the care delivery on the MAH wards.

61. The discovery of approximately 6 months of historical CCTV footage in September 2017, and the contents thereof, triggered a series of emergency measures to increase scrutiny of practice and a rapid review of critical patient safety and well-being systems. This review was in real-time, with change being implemented immediately and continuously. This work was informed by the work of the Head of Learning Disability Services, the Collective Leadership Team, the Adult Safeguarding Review, the report of the Independent Assurance Team, the SAI report “A Way to Go”, and the weekly/fortnightly Directors' meetings with a range of staff. The immediate Action Plan included:

a. Nursing officers were moved to wards to improve supervision.
b. CCTV was commissioned for remaining wards, day centre, and swimming pool.
c. Day activities review.
d. Review of the therapeutic day centre.
e. Review of admission policy.
f. Review of seclusion, and other restrictive practices.
g. Review of nursing model and levels of staffing.
h. Adult Safeguarding Investigation
i. Appointment of Independent Assurance Team

j. Schedule of leadership visits to wards from senior staff external to MAH
k. Appointment of Positive Behaviour team

62. Many of these measures may also have been considered to be operational structures.

March 2019- October 2019:

63. Between March 2019 and October 2019, the structure of operational management changed at the same time as the interim changes at Directorate level that I have described under question 1 above for this time period. The structure for Learning Disability Services during this time period became:

a. Director ASPC
b. Integrated Hospital and Community Management Team (sometimes referred to as the MAH Internal Task Force)
c. Service Manager
d. Nursing Officers/Assistant Service Managers
e. Ward Sisters / Charge Nurses
f. Night Co-ordination Team

64. The main difference during this time period was that the Senior Management Teams for community and hospital LD services were combined. Three further Senior Managers were also appointed. Jan McGall was appointed to focus on operational management of the hospital, Fiona Rowan was appointed to focus on resettlement and the discharge pathway and Cathal McKervey was appointed to support clinical nursing practice. Francis Rice was also identified by the Department of Health to provide further nursing support. I will discuss this team further below in the context of the MAH Internal Task Force.

October 2019 – June 2020:

65. Further interim measures were put in place at Director level from October 2019 onwards which I have explained in further detail above. I was no longer involved in the operational management of MAH in any respect and therefore do not consider it is appropriate for me to comment on the structures in place at that time.

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

66. After September 2017, there was a rapid review of key aspects of governance in the hospital, many of which needed updating and improvement. This review was in real-time, with change being implemented immediately and continuously. This work was informed by the work of the Head of LD Services, the Collective Leadership Team and later, the report of the Independent Assurance Team, the SAI Adult Safeguarding Report "A Way to Go", and the weekly/fortnightly Directors' meetings with a range of staff.

67. The operational management of MAH from 2017 to October 2019 was focused on patient safety across several domains. Operational management of the hospital was one of continuous risk monitoring and risk reduction. This included the imperative to achieve safe and sustainable discharges and, in my view, whilst encountering challenges, patient numbers dropped significantly and care in the hospital was demonstrably safer.

68. While we may not have got everything right, my view is that, in a very difficult situation to manage, we were always trying our best to make whatever changes were needed to ensure adequate oversight of operational management at MAH. The developments between October 2017 and October 2019, hopefully demonstrate our efforts in that regard.

69. In my view an assessment in ensuring adequate oversight of operational management at MAH must also take into account the various meetings that

took place within the different levels of operational management. In particular, at MAH level, there was:

a. A weekly meeting of the senior nursing staff and the clinical director, chaired by the Service Manager, to monitor and progress ward improvement projects, admissions and discharges, staffing and other presenting issues.

b. Weekly Governance meetings, chaired by the Clinical Director which reviewed all incidents on all wards in detail, including any restrictive practices used in the past week. This process facilitated shared learning and education for front-line staff. Attendance was mandatory for Ward Sisters/Charge Nurses and their Deputies.

c. Divisional Meetings, originally referred to as Core Group Meetings and later as Senior Management Team meetings, monitored patient safety and operational matters within MAH, They ran until the end of December 2017. After that time, they were split into Collective Leadership meetings, with a separate Senior Management Team meeting held once a quarter.

70. From April 2019, when delivering on the RQIA related MAH action plan had become my primary role and focus, the Divisional Meetings (originally referred to as Core Group and later as Senior Management Team meetings) were replaced by a weekly three-hour meeting of the integrated Senior Management Team to review progress against agreed actions. I chaired this meeting, which was referred to as the MAH Internal Task Force.

71. This meeting was unique because it was a Divisional Level meeting but had Director level input. It should also be noted that while the meeting was called the MAH Internal Task Force, it included community learning disability services, as will be seen in the description of the remit of the group below. It became quite clear to those of us working within Learning Disability that the issues at MAH were indivisible from community learning disability services, with the lack of resettlement being a primary factor in the issues that had arisen in MAH.

72. The first meeting was held on 1 May 2019. A copy of the minutes for this meeting can be found behind Tab 6 of the exhibit bundle. As noted in the minutes from that first meeting, the purpose of this group was to implement the actions identified as being needed “to ensure the hospital can deliver safe, effective and compassionate care.” The priority of the group was hospital governance, RQIA actions and discharge. At a more detailed level, my recollection is that the remit of the group included:

    a. Ensuring agreed objectives were delivered
    b. The management of admissions
    c. Achieving planned and sustainable discharges
    d. Developing supported housing options
    e. Maintaining patient safety through effective governance
    f. Monitoring staffing
    g. Putting in place a new management team
    h. Supporting Iveagh with closer integration with CAMHs
    i. Developing a critical friend partnership with the East London Foundation Trust learning disability teams, who provided feedback on hospital and community services with recommendations. This relationship involved mutual exchange visits, sharing of policies, and training.
    j. A review of failed placements
    k. Analysing discharge processes and proposal for transitions team.
    l. Escalation of issues to the Department of Health.

73. It can be seen from this list, that my role in overseeing this process included both operational and strategical elements.

74. Many operational changes in MAH were implemented through this group. Examples will be recorded throughout the minutes of the MAH Internal Task Force and the reports that were provided to the Trust Board Confidential meetings, but to give a couple of examples, PiPA Meetings were piloted in September 2019, along with monthly Clinical Improvement Groups and extension of availability of activities to support patient’s individual 7-day

activity plan. The day centre was open seven days a week with evening activities available. This reduced time spent on the wards and the boredom noted by the SAI Review team

75. The effectiveness of the operational management in MAH after 2017 was also monitored through the data on patient safety measured across several domains and outlined in weekly safety reports. The improving effectiveness was evidenced, I believe, by the actions delivered, including 43 discharges from late September 2017 until I left MAH in October 2019, the standardisation in admission criteria across the region, the reduction in the average monthly admissions to MAH from 10 per month to 1 per month, and the improvement in clinical governance arrangements around admissions, ward processes and discharge.

76. Director level meetings also contributed to and oversaw operational structures and changes in MAH. These are discussed under question 5 below.

Question 3

Please explain the lines of accountability from MAH ward staff through to the Trust Board? Who decided that matters ought to be escalated? Was there guidance to identify when that ought to happen and what action ought to be taken?

77. Staff have both professional and managerial lines of accountability. Professional lines of accountability include applicable codes of conduct and professional standards. This was particularly important in the case of Health Care Assistants in MAH who were not regulated by the Nursing and Midwifery Council, but were instead professionally regulated by their employers via professional nursing lines.

78. Both professional and managerial lines of accountability can be traced through from MAH ward staff to Trust Board.

79. In professions such as Nursing, Medicine and Social Work this meant that each member of ward staff in fact had two lines of accountability which could be traced through to Trust-Board level, one being to the Director of their profession and the other being to the Director of their operational service area.

80. The managerial lines of accountability can be traced through the structures outlined under question 2 above.

81. The relevant codes of conduct and professional standards or guidelines often regulated when and how matters should be escalated. It also depended on the nature of the matter to be escalated.

82. If you were a member of staff who wished to raise an issue, means of escalating an issue included:

    a. Speaking to your line manager;
    b. Speaking to the next in line in your professional line of accountability;
    c. Making a complaint;
    d. Making a complaint under the whistleblowing policy;
    e. Raising it at your service level meeting (such as a ward meeting).

83. If you were in a managerial position, and you had concerns over a member of your staff, you could first attempt to address the matter with your member of staff directly, after which formal capability or disciplinary processes could be engaged. If your concerns was about an issue rather than a member of staff, the issue could be addressed as above.

84. If a matter was raised at a meeting, it was for the attendees at that meeting to consider whether the matter required further escalation.

Question 4

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

85. The Belfast Trust induction policy determined the training to be provided to any individual on induction, and contained specific guidance in relation to those beginning a new managerial position. It was for the Service Manager/ Head of Learning Disability Services to consider the training that should be included in the local induction for new line managers in MAH.

86. The Service Manager/Head of Learning Disability Services could of course seek advice on this matter, or seek discussion or approval in the appropriate meeting, whether it be at local level, divisional level or even directorate level.

Question 5

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

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

87. Since I joined the ASPC Directorate in 2012, there has always been ASPC Directorate Meetings, which are a meeting of the Senior Management Team within ASPC. This included the Director, Co-Directors, Governance Lead and Professional Input such as input from the Associate Medical Director and the Head of Psychology and Professional Partners such as the

Divisional Accountant or HR Business Partner. The Associate Directors of Nursing and Social Work also participated although not routinely. These meetings were often three hours long and took place on a monthly basis.

88. The form of the reports produced for this meeting varied a lot over the years. These included:

    a. Performance Report
    b. Finance Update
    c. Governance Reports
    d. Divisional Reports

89. During my time as Director of ASPC, in and around September/October 2017, the Belfast Trust were implementing a structure for Collective Leadership teams in order to encourage the principles of collective leadership and practice at divisional level. After this change, I encouraged each division to produce a presentation for the ASPC Directorate meeting which covered implementation progress, service improvement, or issues for learning across the directorate. I also asked that Jacqui Austin, who was then the Quality Improvement and Governance Manager, provided a 'live' high level governance report for each Directorate meeting.

90. When the 2017 CCTV abuse allegations came to light, there were additional Directorate level meetings which were arranged specifically to deal with these issues. These included:

Communications Events:

91. When the extent of the CCTV allegations started to become clear, the Belfast Trust held communications events for all staff working in MAH followed by meetings for different professional groupings for the purposes of disseminating information and addressing concerns raised as far as possible. These continued on a regular basis throughout my time as Director.

Weekly Director-led meetings at MAH:

92. Part of the Belfast Trust immediate response to the CCTV allegations coming to light, was that different combinations of the Medical Director, Dr. Cathy Jack, the Director of Nursing, Brenda Creaney, the Director of HR, Damien McAllister, and myself held a weekly meeting at MAH. We encouraged any staff members to drop in to the meeting to ask for more information or to provide information to us either on a confidential basis or to the group. These meetings occurred for 6 to 8 weeks, until the numbers had dropped to such an extent that they were no longer required.

Directors Oversight Meeting:

93. From 27 November 2017, there was also a fortnightly Director level meeting established to provide oversight and monitoring to ensure appropriate action was taken to try to improve standards of care and review the progress of action plans, including those initially created in Autumn of 2017 in response to the initial allegations. A copy of the minutes for the first meeting can be found behind Tab 7 of the exhibit bundle.

94. This group considered the various work streams including, by way of example, data safety, listening groups, trade union engagement, communion plans, Nursing Rotas, skill mix, CCTV viewing and reporting, the Adult Safeguarding Action Plan, the SAI Team progress and correspondence with external bodies.

95. The meeting generally occurred at Muckamore Abbey Hospital, bar a few exceptions where it was held at Belfast City Hospital.

96. This meeting was initially comprised of:

    a. Dr Cathy Jack, then Medical Director/Deputy Chief Executive (Chairperson);

b. Mr Damian McAlister, then Director of Human Resources;
c. Myself, Marie Heaney, as Director of ASPC ;
d. Miss Brenda Creaney, Director of Nursing and User Experience;
e. Mrs Bronagh Dalzell, Head of Communications.

97. After a few meetings, I cannot recall how many, Dr Cathy Jack passed the role of Chairing the meeting to myself and Brenda Creaney as Co-Chairs. From April 2018, the Collective Leadership Team were included in the meeting. Yvonne McKnight, ASG Specialist, and others could be invited to attend as required.

98. In January 2019, this group was renamed the Directors Oversight Senior-Co-ordination Group to reflect the growing number of workstreams arising from the issues being identified in MAH.

99. This meeting received SITREP reports produced for the meetings, an example of which can be found behind Tab 8 of the exhibit bundle. SITREP reports included data on:

a. Hospital Bed profile;
b. Admission and Discharge Profile;
c. MAH Occupancy;
d. Bed position by ward;
e. Patient Pathway by Ward;
f. Historic Safeguarding Issues;
g. Datix incidents by ward or location;
h. Datix incidents by type;
i. Physical intervention;
j. Seclusion;
k. Service Continuity, staffing issues, training levels, induction levels of agency;
l. Emerging Issues;
m. Media and communications, including FOIs and media enquiries;
n. Finance.

100. Dr Cathy Jack began to chair this meeting again from 26 February 2019. Dr Cathy Jack informed the members that the meeting was now to focus on three key issues: whether care is safe today; the ongoing investigation; and CCTV viewing and regional work (including action plans). A copy of the minutes for this meeting can be found behind Tab 9 of the exhibit bundle.

101. Dr Jack continued to chair this meeting until April 2019.

102. In April 2019, coinciding with the interim changes in Directorate Structure, the assurance element of this group was separated into a new bespoke assurance group, the MAH Assurance Group (addressed further below). A copy of the terms of reference for the Directors Oversight Senior Co-ordination Group during this time can be found behind Tab 10 of the exhibit bundle.

103. In accordance with this, the membership of the group changed. I once again co-chaired the meeting with the Executive Director of Nursing. The meeting was now comprised of myself, Director of ASPC, as Chair of the meeting, the Director of Nursing, relevant Co-Directors and Divisional Leads but others were often invited to provide input.

104. The group's key workstreams were:

i. Workforce and operational risk management of staffing issues.
ii. Monitoring of the completion of the historical CCTV footage.
iii. Senior Liaison with PSNI regarding Adult Safeguarding Investigation.
iv. Disciplinary process.
v. Implementation of SAI recommendations.
vi. External Assurance Report.
vii. Regional Muckamore Group.
viii. Housing and Care Plans 2019.
ix. Community Services Development.
x. Carer Engagement.

xi. Safety Quality and Improvement at MAH.
xii. Impact of incidents on patients.
xiii. Communication strategy.

105. It must be remembered that from April 2019 onwards, this meeting was one of three that focused solely on issues within Learning Disability and included Directors. The other two meetings were the MAH Internal Task Force (discussed above) and the MAH Directors Assurance Group (discussed below).

106. As far as I am aware, this group came to an end on 1 October 2019, when further structural changes were made at Director Level and the meeting groups also changed accordingly.

MAH Directors Assurance Group:

107. When the temporary arrangements at Director level were implemented in April 2019, changes were made to reflect the different nature of the roles within the Belfast Trust's response to the allegations. At this time, the MAH Internal Task Force was established and the Directors Senior Oversight Co-Ordination Group, continued.

108. It was agreed that as an extra layer of assurance, Dr Cathy Jack would Chair a new group to provide assurance to the Chief Executive, Martin Dillon, and the Chairman, Peter McNaney, on the delivery of the action plan, progress with the Belfast Trust Investigation and progress with delivering the Regional Plan.

109. This meeting first met on 5 April 2019, a copy of the minutes for which can be found behind Tab 11 of the Bundle. At that meeting it was noted that the purpose of this meeting was for assurance purposes and that moving forward this group would meet separately to the Director's Oversight Co-Ordination Group.

110. The Group was comprised of:

a. Dr Cathy Jack, Deputy Chief Executive, Belfast Trust (Chair)
b. Myself, Marie Heaney, Director of ASPC
c. Brenda Creaney, Executive Director of Nursing
d. Jacqui Kennedy, HR Director
e. Ann O'Reilly, Non-Executive Director
f. Mairead Mitchell, Co-Director LD Services
g. Colin Milliken, Chair of Division, LD Services.

111. This group also received SITREP reports and maintained a running action log, a copy of which can be found behind Tab 12 of the bundle.

112. This meeting took place for the last time on 15 October 2019, the day after the further temporary Directorate management arrangements were implemented, because it was to be replaced with a new meeting.

ID Directors Oversight Group:

113. The Intellectual Disability Directors Oversight Group was created in October 2019 to ensure that the 4 different operational elements of ID services, which had now been delegated to different Directors, were co-ordinated. A copy of the Terms of Reference for this meeting can be found behind Tab 13 of the bundle.

114. The meeting, which took place weekly, met for the first time on 23 October 2019, the minutes for which can be found behind Tab 14 of the exhibit bundle. The four different Directors who now each held responsibility for one of the operational elements of ID Services attended the meeting as well as the Executive Director of Nursing and Bronagh Dalzell, the Head of Communications. The meeting was chaired by Cathy Jack, Deputy Chief Executive.

115. Each Director provided an update in relation to their operational element of ID Services/Belfast Trust's response to the CCTV investigations. The Meeting also kept a running action log, an example of which can be found behind Tab 15 of the exhibit bundle.

MAH Safeguarding Assurance Group:

116. A Safeguarding Governance Group was established between the Belfast Trust, the PSNI, RQIA, the Department, and HSCB. The first meeting occurred on 6 September 2019, a copy of the minutes for which can be found behind Tab 16 of the bundle. The meeting was chaired by the Deputy Chief Executive of the Belfast Trust, Dr Cathy Jack.

117. There had initially been some meetings of a multi-agency strategy group as one would normally expect in a joint safeguarding investigation. An example set of minutes for this group can be found behind Tab 17 of the bundle. However, the PSNI did not consider it appropriate to hold a joint strategy meeting when employees of the Belfast Trust were under investigation. However, the Terms of Reference were quite similar to a multi-agency strategy group, as can be seen from the initial draft terms of reference behind Tab 18 of the exhibit bundle.

Question 6

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

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

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

118. Each policy held by the Belfast Trust contains a section which determines the manner in which the implementation and adherence to the policy was to be reviewed.

119. In addition, there was a rolling programme of internal and external audits of selected policies and procedures conducted annually alongside policy review processes.

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

120. Professional nursing standards were monitored by two directorates. They were monitored by the service directorate in the same way as any other quality standard through, for example, incident reporting or the normal disciplinary process.

121. The Directorate of Nursing dealt with adherence to professional nursing standards as such, by, for example, making referral to the regulatory body. Those arrangements would therefore be better addressed by someone from within the Directorate of Nursing.

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

122. Similarly to the above, professional clinical standards were monitored and dealt with by the service directorate in accordance with its general means of monitoring such as incident reporting, safeguarding referrals, complaints etc. A matter of professional clinical standards such as compliance with NICE guidelines, risk register management etc. was dealt with by the professional directorate, in this case the Directorate of Medicine. Those arrangements would therefore be better addressed by someone from within the Director of Medicine. I understand that there were rolling audit programmes to address this.

Question 7

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

123. Where concerns about standards of care or nursing or clinical practices were identified, colleagues, line managers, patients, or relatives could raise them in the first instance informally, by making a complaint, by reporting an incident, or noting it during an inspection, audit or service review. The matter could then be escalated in accordance with the policies and procedures that applied to the forum in which the matter was raised. For example, the matter might be escalated by being designated as a SAI, by becoming a disciplinary issue, or by triggering an audit.

124. With many of these processes, action plans were developed to address any identified causes or deficits and, if completed, were recorded and signed off by Governance Managers and the CLTs.

125. If a risk remains, it is entered on the appropriate risk register with a mitigation plan and kept under review.

Question 8

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

126. At a Directorate or Divisional level, I have already covered the structures which were in place during my time as Director of ASPC which considered how the performance of staff could be collectively improved under Question 2 and Question 5.

127. On an individual level, the Belfast Trust adopted a Knowledge and Skills Framework (KSF) and a Personal Contribution Framework that I am sure has been addressed in more detail by members of the HR department. In summary, the programme dictates that members of staff must have a Personal Contribution Plan which links individual development plans to team objectives and the Divisional/Directorate Plan.

128. Staff appraisals took place in which their performance was monitored against their individuals aims and goals as recorded in their Personal Contribution Plan. Staff supervision meetings, such as one to one meetings also provided a form of performance management, particularly for those in leadership positions.

129. The performance of those in leadership positions was also monitored through the review and appraisal of the Directorate, Division or Care Delivery Unit that they were responsible for, including whether it had met the objectives set out in the area's annual plan or relevant Key Performance Indicators.

130. It is also easy to forget that staff performance is constantly being monitored for underperformance by the same mechanisms which are in place to protect patient safety, including those I have referred to under Question 7 above. It is often these processes that act as the catalyst for a capability or disciplinary process being engaged.

Question 9

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

131. I am sure that a member of the HR department will have or could address this matter in more detail than I can remember. However, I do not recall 'performance management meetings' as being a formal process within the

Belfast Trust. Performance was managed in many ways as I have outlined in answer to Question 8 above.

132. In any event, line managers were not required to seek HR advice or inform HR when they undertook meetings with a member of staff except in two scenarios.

133. The first scenario was where a line manager believed there were issues concerning a staff member's performance, and sought to formally engage the Capability Process, having unsuccessfully attempted to resolve any issues informally.

134. The second was if the issue was a potential conduct issue or an allegation which required a disciplinary process to occur, in which case HR was to be informed and was often involved.

Question 10

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

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

135. Workforce planning at a high level was the responsibility of the Department of Health.

136. Directorate level workforce monitoring, planning and implementation occurred within ASPC as it did in all other Service Directorates. It was generally part of the Directorate objectives and management plan and

cascaded down through the managerial structure of the Directorate. Responsibility was therefore held at all levels.

137. Skill mix was generally a matter for the professional heads within the service area. During my time as Director, this would therefore have been under the remit of the CLT.

138. In addition, there were levels of scrutiny and oversight in relation to staffing levels and skill mix at MAH were quite unique to MAH during my time as Director of ASPC. They included:

a. Workforce and operational risk management was one of the key workstreams of the Directors Oversight Group, MAH Directors Assurance Group and ID Oversight Group (all of which are described fully under Question 5 above).

b. Staffing was a regular feature on the Agenda of the MAH Internal Task Force. Particularly in and around September 2015, when Francis Rice was seconded to MAH from the Department of Health for 2 days a week to consider staffing, workforce and skill mix.

c. Staffing was also carefully scrutinised and monitored by RQIA.

Question 11

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

139. Career development opportunities for specialist skills to deliver care in MAH, as opposed to opportunities for staff generally, were the responsibility of line managers within the Service Area.

140. Opportunities were available through professional nursing, medical social work, and Allied Health Professional networks. Within nursing, regional networks, such as NIPEC, included the two leading universities. A staff member could access these through their line manager or professional head. A barrier to accessing training was the release from rotas due to absences.

141. After 2017, some training opportunities were identified at Directorate level. For instance, in 2019, I contacted both Mersey Care and East London Foundation Trust (ELFT), which had been identified by the medical director as outstanding by the CQC for the quality of their services to people with severe learning disabilities and autism. Mersey Care shared its policies on restrictive practices, which helped review the hospital's policy. With ELFT, we developed a longer-term partnership. Their highly experienced team spent an initial three days visiting the wards and community services and providing feedback to staff and regional colleagues.

142. An exchange programme was developed based on issues the staff wanted to explore with the ELFT team. It included workshops, training events and opportunities for staff to spend time at ELFT.

Question 12

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

143. Data analysis and trend identification reports existed in two forms at Directorate level in relation to MAH. There were regular reports, and there were individual reports that were sought to inform the reviews of and measures taken in MAH after the 2017 CCTV allegations.

144. Data is usually collected and entered by front-line practitioners and validated by managers using multiple information systems and databases. It was the responsibility of individual divisions and directorates to determine the critical performance and safety indicators. In 2017, the data being collected was as follows:

a. Serious adverse incidents
b. Complaints
c. Compliments
d. Seclusion
e. Physical intervention
f. Admission times
g. Length of stay
h. Occupancy
i. Access to psychological therapies
j. Admission and Discharge Profile by Trust
k. Admission by voluntary and detained
l. Current population by categories -resettlement, delayed discharge,
m. Bed state analysis
n. RIDDOR
o. Staff absence, bank and agency hours
p. Safeguarding incidents
q. Incidents

145. This information was used for data analysis and action planning. When the safety data was reviewed in 2017/2018, these data sets were regarded as crucial, but there were challenges.

146. This information was gathered from several sources, including Datix, local databases and manual systems. They all needed help regarding functionality, resources, expertise and timeliness.

147. The governance model within the Belfast Trust was moving from a retrospective quarterly meeting where managers and clinical staff looked at data from the last quarter to one where live data was collected, validated,

analysed, and followed up where necessary (Charles Vincent Framework). This approach was essential for a high-risk care environment like MAH. However, this change also required different ways of working, new skill sets, and additional resources, which took time to develop.

148. MAH staff were now required to validate data in real time, conduct follow-up inquiries, and report back within short timescales. This exercise involved steep learning regarding information systems, analysis, interpretation, communication, and urgency. However, it was clear that this data collection and interrogation approach provided improved assurance.

149. The development of Situation Reports (later referred to as Patient Safety Reports) for MAH in 2018/2019 represented a step change in collating and interpreting data from front-line staff to the Board. There was no specific policy to guide the development and application of live safety reports. They developed and improved over time as systems and staff adapted. Their purpose was to immediately highlight any deviation from acceptable practice and investigate and report promptly.

150. Daily safety briefs were also introduced in every ward, and weekly governance meetings chaired by the CD were implemented; all Ward Sisters/Charge Nurses or their deputies were required to attend these meetings and share their safety data for peer discussion and advice. These governance meetings with front-line staff helped them see the relevance and importance of data collection and reporting.

151. The Governance Manager within ASPC also attended Corporate Governance Meetings to co-ordinate and share learning across all directorates.

152. As I explained above, many bespoke data analysis and trend identification reports were requested at Directorate level in relation to MAH in order to review and improve the systems in place and patient safety after the CCTV allegations came to light. There were too many reports to mention

individually. However, they feature heavily in the minutes and action logs of the meetings that I have referred to under Question 5 but examples include an audit of patient finances, an audit of Psychotropic Drugs and analysis or admissions and discharges.

Question 13

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

153. Support was provided as detailed above. Support was also practically provided by the Governance Director at Governance level, Jacqui Austin, and members of Corporate Governance.

Question 14

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

154. I was the incoming Director of ASPC, which included learning disability services, in September 2017. On the 12th of August 2017, an adult safeguarding incident occurred in the psychiatric intensive care unit (PICU). While internal reporting occurred within the ward, it wasn't until the 21st of August 2017 that the incident was reported to the hospital management team.

155. The incidents and the availability of CCTV images that had been viewed were reported to me on 22/09/17. This was the first time that I became aware of concerns over the abuse of patients by staff at MAH.

156. This triggered a safeguarding investigation on a scale that the Belfast Trust had not seen before. In answer to the question, what action was taken at Directorate level to address such concerns, I have tried to summarise the action taken as best I can below. However, to give a complete account, I would need more time and access to documentation.

157. The first step taken was a same-day meeting to review information, ensure updating of Early Alert, submission of SAI level 3 notification and enhance monitoring arrangements over the weekend.

158. A further meeting on Monday 25 September 2017, ensured that the CCTV providers, Radio Contact, preserved any CCTV footage that might be available, reviewed HR decisions regarding staff suspensions, and scheduled communication events with all Muckamore staff. The adult safeguarding investigations had been initiated, and the PSNI had confirmed a single-agency investigation.

159. In a parallel process, the concerned parent was escalating concerns about the injury to his child through his Member of Local Assembly (MLA) to the Department of Health /Health and Social Care Board.

160. In addition, on the 20th of August, a further incident was reported within the ward by email, which was included in the report to the hospital management team. When notified of the incidents, Adult Safeguarding procedures were immediately followed. I was advised that a CCTV system had been installed in the four assessment and treatment wards and was due to go live on the 11th of September 2017.

161. As the initial viewing continued, it demonstrated that behaviour from staff in this ward reached criminal and safeguarding thresholds, with some evidence that most incidents occurred at weekends and evenings, suggesting covert behaviours. Consequently, actions were developed to intensify protective measures and improve governance.

162. The initial period from September 2017 onwards, the following emergency actions were taken:

a. Securing CCTV evidence from Radio Contact amounted to 5000 hours from the three wards where the cameras had been placed. It was recognised from the outset that all the footage would need to be examined. The priority in October 2017 was to set up a system with existing senior staff to view 25% of the PICU to get a sense of the standards of nursing practice and whether there were further incidents of concern.

b. The installation of the CCTV system was commissioned for all the remaining wards, the day centre, and the swimming pools.

c. Enhanced monitoring of wards, which consisted of senior nurses being relocated from the administration building to specific wards to provide monitoring and support.

d. A rota was developed for senior staff outside the learning disability programme to undertake leadership visits to wards.

e. Communication with families of current patients families, providing information, and offering one-to-one meetings.

f. Rapid review of crucial patient safety systems undertaken by CLT, discharge delays, patient activities, seclusion policy and restrictive practices.

g. Appointment of a new Clinical Director to review all clinical processes within the hospital.

h. The Trust and the HSCB commenced a joint commissioning process for a level 3 SAI panel and the development of Terms of Reference.

i. Joint Protocol Adult Safeguarding Investigation commenced (initially Single Agency PSNI).

j. A Directors Oversight Group was established to ensure a collective leadership approach. Its members include the Director of Nursing, HR Director, Medical Director, and Director of ASPC.

k. Strategic Management Group (SMG) meetings (4) aligned with Adult Safeguarding policy and Departmental Memorandum of Understanding. (Notes of these meetings were taken).

l. The CLT developed a plan for viewing and analysing the entirety of the retained CCTV, and recruitment commenced for a team of experienced social workers and LD nursing staff to implement the retrospective AS investigation. Minimal guidance existed for implementing a large-scale adult safeguarding investigation based on CCTV images with no sound, and no regional guidance was available on using CCTV in residential or hospital settings The CLT took forward the development of guidance and protocols for the viewing of retained CCTV including record keeping, reporting and escalation processes.

m. The CLT reviewed and improved the hospital governance systems.

n. daily safety briefs by the nurse in charge.

o. multi-disciplinary PiPa meetings.

p. weekly hospital-wide governance meetings chaired by the Clinical Director examining incidents, safeguarding, and restrictive practices.

q. introduction of monthly Clinical Improvement Groups at the ward level to further develop multi-disciplinary practice.

r. development of a weekly Safety Report which collects safety metrics, provides trend information, and is scrutinised by the Executive Team and Trust Board.

Contemporaneous viewing of CCTV for patient safety Assurance:

163. A vital safeguard implemented in 2018 was the appointment of an external team to carry out contemporaneous viewing. Initially, this consisted of viewing one shift a week per ward, including night shifts. This frequency increased later as more personnel became available. The team completed a proforma, which is submitted weekly as part of the governance framework. These reports consistently demonstrated good practice and were shared with wards for learning and positive feedback.

Practice Development:

164. In late 2017, following discussions with the Director of Nursing at the PHA, funding was released to appoint a team of Positive Behaviour Therapists to support the multi-disciplinary teams in developing psychological formulations and positive behaviour plans for all patients. An additional team of behaviour assistants was also recruited to supplement this resource.

Patient Experience:

165. During this period, we worked to try to develop more sensitive systems for listening to patients in the hospital, especially those who cannot communicate verbally. A high-quality service should mean that people with learning disabilities can say they feel safe, respected, and treated with compassion, dignity, and respect.

166. A clear priority was that the whole system of learning disability services should work collectively to ensure that patients trapped in the hospital are provided as speedily as possible with suitable accommodation and

community multidisciplinary support. Hence, they could live whole and meaningful lives. Therefore, a vital function of the system is careful planning for each individual's resettlement plan. I therefore arranged for a review of discharge planning, including reasons for readmission to support improvement work.

167. Within the hospital, the speech and language therapists trained ward staff in using talking mats as an evidence-based communication tool to help them communicate about things that matter to them.

168. The Divisional Social Worker worked with ARC, a voluntary organisation, to develop an innovative approach to safeguarding called Feeling Safe and Happy. This 35-hour project utilised various methods to explore how safe and happy individuals feel. Activity resources included reminiscence therapy, talking mats, social stories, an emotions barometer, good and bad days, and comprehension activities. Unfortunately, this project was interrupted by the Covid-19 pandemic.

Management of admission:

169. Admissions to Muckamore Abbey Hospital were consistently high. The data showed that most admissions were at weekends or out of hours. There was a widely held view within the hospital that most admissions did not meet the hospital's clinical criteria and that the hospital was historically used as a behaviour management backstop. Further there was evidence of repeat admissions. This practice reflected the lack of adequate community infrastructure in assessment and treatment and long-term living options that could meet complex needs, including episodes of behaviours that community services could not effectively address. Adult Mental health inpatient units did not accept admissions, even for those with a mild learning disability.

170. This factor and long-delayed discharges compromised the core functions of assessment and treatment. There were no regionally agreed

admission criteria nor an agreed out-of-hours regional pathway for admission. The Trust provided leadership in securing regional agreement regarding admission criteria for inpatient learning disability units. We also revised the hospital's inpatient policy to include "blue light" meetings to ensure that admissions requests were discussed, clinical criteria were present, and all appropriate community options were explored. This measure reduced the admission rate from ten per month to one. The hospital's population decreased from 93 in September 2017 to 50 in October 2019, a reduction of 43.

Meaningful Activities:

171. A strong criticism made in the SAI report, A Way to Go, was the chronic boredom and inactivity experienced by the hospital patients. This failure to meet social needs was entirely accepted and contributed to the level of patient-to-patient abuse with people living together in restricted ward environments. The CLT addressed this by reviewing day opportunities, including the day centre. The outcome was the appointment of a day opportunities coordinator and the expansion of available activities from various external organisations. The day centre is open seven days a week, including evenings. The range of actions and activities included:
    a. purchase of an additional bus and bicycles
    b. soccer
    c. horticulture
    d. arts and crafts
    e. music
    f. swimming
    g. social farm

172. A bespoke My Activity Plan was developed for each patient. This measure had a visible and instrumental impact on the day-to-day experiences of patients and staff. It was also instrumental in helping to open the hospital to the broader community and enabling ward staff to undertake other activities when patients were off the wards.

Physical Health Care:

173. Access to physical health care required improvement. Recruitment of GPs to the hospital to provide primary healthcare and patient screening services had proved challenging.

174. We established a team of acute care physicians to work alongside the nursing teams to provide baseline health care checks and follow-up actions. These actions were completed in March 2019, and by September 2019, a full-time GP locum staff grade was working at the hospital to support addressing healthcare needs.

Carers Consultant:

175. The CLT appointed a Carers Consultant as part of their leadership team. This individual had personal experience of the challenges and issues faced by families caring for members with severe learning disabilities over the life course. She developed an email system for the patient's families in the hospital and set up a carers forum to improve engagement and communication. She was also part of the leadership of the Learning Disability Co-Production Forum, which had groups looking at priority six themes:

    a. communication
    b. meaningful lives /citizenship
    c. supporting families
    d. assessment and treatment
    e. transitions
    f. accommodation
    g. health and well-being

176. She also produced a popular Muckamore Abbey Hospital Newsletter targeted at families, patients and staff to improve communication. She

played a valuable role in the CLT. An example of one of these newsletters can be found behind Tab 19 of the exhibit bundle.

Resettlement /Cherryhill

177. Evidence shows that community-based housing options offer greater independence, inclusion and choice and that challenging behaviour is reduced with the proper support.

178. The Belfast Trust opportunistically developed a statutory supported housing scheme for nine people in locally trust-owned housing. Staff were recruited and trained, and they matched the scheme with patients and other individuals.

179. The Belfast Trust also proactively worked with specialist housing providers to develop bespoke housing and care packages for its patients. Given the Housing Executive's cessation of funding in 2015 and the absence of regional multi-agency infrastructure to address the needs of these patients, it also explored new funding models with specialist organisations. In relation to these matters, I have exhibited an evaluation of Cherry Hill and a presentation that I gave to the Chief Executive of the Belfast Trust in relation to the withdrawal of Supporting People funding in 2016 behind Tab 20 of the exhibit bundle.

Question 15

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

180. Handling the CCTV allegations was an incredibly complex process with many workstreams created which often pulled in opposite directions. For example, it was quite clear to me from the immediate measures and

reviews that were taken after September 2017 that a significant problem was the mix of patients on the wards. The gradual retraction of the hospital, combined with slow progress on discharge and continuing admissions created challenging environments for both patients and staff. Many patients required low stimulus environments with higher supervision in turn increasing staffing pressures.

181. Resettlement was often slow because of the lack of facilities and staffing resources in the community for patients to be resettled to. However, this was the same reason that admissions were continuing in MAH because patients were not able to be managed in the community for as long as they should have been.

182. This meant that to address the MAH problem, you had to address the problems within the whole Learning Disability Division.

183. In addition, an already strained workforce was being further depleted by staff suspension and restrictions. There were some other challenges too.

Absence of an agreed co-produced model of care:

184. I became aware that the DOH were due to publish a review of the implementation of the Bamford Review; however, this did not emerge. The need for a new shared model of care was evident with an absence of assessment of need data, the difficulties in transitions, conflicting professional views on the role (if any) of hospital provision, the lack of community-based assessment and treatment as well as insufficient specialist housing & care, and respite services.

185. The HSCB led the development of this work in early 2019; a document has yet to be published for consultation. The HSCB also commissioned a review of acute services for adults with a learning disability which I participated in.

Recruitment and retention of nursing staff, health care assistants, psychiatrists, social workers:

186. In 2018, the Divisional Nurse /Deputy Director of Nursing and HR organised repeated recruitment events, which streamlined recruitment processes and successfully offered large numbers of posts. Similar recruitment drives occurred for psychiatry and social work with mixed results. Workforce deficits persisted in both skill mix and numbers with increasing reliance on agency and bank. This challenge inevitably undermined all aspects of improvement work in the hospital and contributed to workforce stress. The rising numbers of staff suspensions inevitably placed additional pressure on safe staffing, and my recollection is there were in there were around 30 suspensions at the time I finished at MAH.

RQIA /External Governance:

187. I was informed (on appointment) that all outstanding recommendations from 2016/17 had been implemented and verified by RQIA. The most recent RQIA report for Erne was positive, with no recommendations.

188. RQIA undertook unannounced and announced inspections in MAH on 26-28 February 2019 (3 days), after which I was told that RQIA was considering applying six improvement notices. However, following discussions and the creation of an action plan, this was reduced to three improvement notices on 16 August 2019, following two further unannounced inspections on 15-17 April (3 days) and 1 July 2019 (1 day).

189. The improvement notices that were issued concerned ward staffing models, safeguarding and patient finances.

190. The Belfast Trust fully accepted the concerns regarding the staffing model and acknowledged that it had struggled to develop and implement an appropriate model. This was partly due to the absence of a normative

framework to guide the work, the shortage of LD nurses regionally, and the impact of vacancy controls.

191. The Belfast Trust was anticipating the outcome of the Chief Nursing Officer initiative, Delivering Care, to guide safe staffing levels in different settings, including learning disability inpatient services. The regional shortage of LD nurses and LD psychiatrists, compounded by reputational damage, resulted in significant recruitment and retention issues across all staff groupings. RQIA also expressed concern about the impact CCTV monitoring may be having on staff.

192. During this period, senior nurses and the nursing office worked tirelessly to recruit and retain nursing and health care staff, with an increasing reliance on bank and agencies. One action to mitigate this was enabling experienced agencies to take charge of shifts using a competency framework and a recruitment and retention premium.

193. Intensive work was undertaken to address the issues raised by RQIA about Safeguarding and patient finances. In relation to finances the work needed was to re-educate and support staff teams of Adult Safeguarding policy and procedures and the relevant sections of the Mental Health Order (NI) 1986, which imposed a statutory duty to notify the Office of Care and Protection where any powers of the court should be exercised. Further, under section 116, the Belfast Trust was not permitted to hold balances over agreed sums without the consent of RQIA and monies held by the Trust for patients should be deployed appropriately, including consideration of investments or burial plans.

194. These duties at the time of the inspection had yet to be followed through sufficiently, my analysis of this was that despite the fact that Finance staff had recently conducted ward audits and training against the Belfast Trust financial procedures, the turnover of staff in finance and MAH management had failed to retain sufficient knowledge or robust systems about the requirements of Article 116. There was also a lack of clarity on whether the

longer-term management of delayed discharge patients' finances was the responsibility of the placing Trust or the hospital, changes in practice at the Office of Care and Protection, where they no longer were willing to or had the capacity to take responsibility for patients' finances. RQIA stated that they were unaware of this change.

195. The extraction of negative assessments from the data over a period may present a one-dimensional insight into the challenges the hospital was dealing with and potentially obscures the positive efforts by many staff from all disciplines to mitigate and improve the lives of patients. A major challenge for the nursing teams was keeping some patients safe from each other because of the group living model which created sensory overload and behaviours which at times triggered aggressive responses. I recall one senior nurse in tears saying the system prevented them from utilising their knowledge and skills and that staff felt like “bouncers” because of environmental limitations.

196. It is also evident that after most inspections, steps to address deficits were repeatedly taken. However, the most intractable issues were the workforce and the inability to discharge patients while admitting significant numbers of new patients, many of whom would not need hospital-based care if alternatives had been available.

197. In addition, due to the lack of progress in the development of community health and social care multi-disciplinary services, particularly access to acute mental health services and behavioural support services, demand for admissions to MAH and the Children’s ward continued, creating risks for patients and staff.

198. Mainstream mental health services were reluctant to a accept people with severe behavioural issues, there were no agreed treatment pathways for these individuals, with MAH being the default option used frequently to secure admission.

Adult Safeguarding Policy and Procedures:

199. The Department of Health and Department of Justice's intention to review and update the adult safeguarding policy was signalled around 2011/2012. The new policy, 'Adult Safeguarding: Prevention and Protection in Partnership DHSSPS DOJ' was published in 2015. Once the policy had been developed, the responsibility for implementation of the adult safeguarding policy and to develop its procedures was delegated to the HSCB through the NIASP and LASP Structures These were voluntary partnerships with a small group of supporting staff. The procedures were published in April 2016.

200. Trusts were instructed to implement the policy and its procedures within 12 months.

201. The implementation of the policy and its procedures presented challenges from the outset. Some of these were raised by the Belfast Trust at the time through the Delegated Statutory Functions reports and the Trust Adult Safeguarding Specialists' reporting relationship with the regional Adult Safeguarding Specialist and the Northern Ireland Adult Safeguarding Partnership (NIASP).

202. Issues included:

a. The merging of Safeguarding and Protection had the effect of lowering thresholds and over-reporting of incidents.

b. The absence of a comprehensive costed implementation plan.

c. Limited resources were provided to progress the policy.

d. BHSCT pushed back on the timeline and stated that it needed a phased approach to implementation; the training requirements were significant for an organisation of 20,000 employees.

e. Adult Safeguarding specialists and Belfast Trust senior operational managers pushed for Adult Safeguarding legislation to clarify roles and responsibilities and provide statutory guidance.

f. Serious case review guidance was also flagged as a necessary mechanism for deepening awareness and expertise.

g. Absence of a regional IT system to support the implementation of the procedures. A Paris module was in development by one Trust.

203. When the CCTV surfaced nursing malpractice issues in MAH, the Adult Safeguarding policy and procedures provided limited guidance for large-scale investigations or dealing with large amounts of CCTV footage. The CLT needed to devise urgent processes and identify human resources to address this work.

DSF report /Adult Safeguarding 2016/17:

204. In September 2017, there were around 95-97 patients across eight wards; clinical audits indicated that small numbers were in active treatment. This meant that most patients were delayed discharges, with a smaller subgroup identified as the PTL list who had lived in the hospital for decades and had not been provided with a suitable placement during the previous waves of resettlement.

205. Human Rights were compromised particularly for voluntary patients who did not have the protections afforded by the MHO tribunals.

206. In that context, the overriding priority was sustaining a collective focus on understanding the obstacles to developing long-term living options and community support for patients.

207. At that point, there were some significant regional communication and action gaps. The regional meetings for Directors of Learning Disability and

Mental Health had temporarily ceased and were re-established in late 2018 / early 2019 following a new Director of Social Care appointment. The coordination of these meetings was the responsibility of the HSCB. I contacted the relevant Directors in the two adjacent Trusts to advise them of the CCTV evidence and kept them informed. MAH was a standing item on the agenda, and I provided updates at each meeting.

208. HSCB circulated notes of these meetings. The HSCB appointed a lead officer in 2019 for the co-ordination of a shared action plan.

209. I was familiar with partnerships working with the Housing Executive and Housing Associations in a previous role and the need to establish the assessment of needs formally, the completion of business cases, the development of funding models, and the provision of a forum for problem-solving. The absence of a procurement multi-agency forum was a disadvantage.

210. The issues were escalated to the Belfast Trust Executive Team in 2016. However, individual Trusts and local Housing Associations continued to develop proposals, including exploring private funding sources.

211. The Acting Head of LD Services in Belfast Trust coordinated regular meetings with the other Trusts and developed a shared planning work document to track discharge progress for every patient. Despite the obstacles, 43 patients were discharged during this period.

212. Some work streams were initiated in 2019 to support improvements in discharge, including an audit of failed placements. The concept of “trial discharge” seemed out of date and inappropriate. A proposal to strengthen transition planning was developed but insufficient resources were dedicated to this complex, intensive process.

213. I also considered that family involvement needed to be prioritised and valued. This was evident from hospital-based care plans, discharge planning, and feedback from parents and families.

214. The regional bed management protocol for acute psychiatric beds excluded LD patients, including those with mild/moderate mental illness.

215. This was challenged by the Belfast Trust in 2019, and some changes were introduced to facilitate access to mental health services for those with mild learning disabilities. These issues and others were formally communicated to Muckamore Departmental Group in May 2019.

216. I think that many of these issues should be explored by the MAH Inquiry in order to see the bigger picture within which MAH was operating and the difficulties that were being faced.

Declaration of Truth

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

Signed: **Marie Heaney**

Dated: **02 July 2024**

Marie Heaney Organisational Module 7 Exhibit Bundle "MH1"		
INDEX		**PAGES**
Tab 1 – Inquiry Request of 7 March 2024		
T01.01	MAH Inquiry Letter to Marie Heaney	55
T01.02	Enclosure: "M7: MAH Operational Management Questions to be Addressed in Witness Statement Questions for witnesses with responsibility for operational management of MAH at Directorate level "	57
Tab 2	27 February 2019 Minutes of the Executive Team Meeting	59
Tab 3	7 March 2019 Minutes of the Trust Board Confidential Meeting	68
Tab 4	2 October 2019 Minutes of the Executive Team Meeting	75
Tab 5	3 October 2019 Minutes of the Trust Board Confidential Meeting	84
Tab 6	1 May 2019 Minutes of Muckamore Abbey Hospital Internal Task Force	93
Tab 7	27 November 2017 Minutes of the Directors Oversight Meeting re: Muckamore Abbey Hospital	103
Tab 8	21 June 2019 Muckamore Abbey Hospital Weekly SITREP	106
Tab 9	26 February 2019 Minutes of the Muckamore Abbey Hospital Directors Oversight Senior Co-Ordination Group	121
Tab 10	Directors Oversight Senior Co-Ordination Group Terms of Reference	131
Tab 11	5 April 2019 Minutes of the Muckamore Abbey Hospital Directors Assurance Group Meeting	133

MAHI Muckamore Abbey Hospital Inquiry

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

07 March 2024

By Email Only
Ms Marie Heaney

Dear Ms Heaney

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

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

The Inquiry understands that you were Director of Adult, Social and Primary Care in the Belfast Health and Social Care Trust (BHSCT) from 2017 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 with responsibility for operational management of MAH at Directorate level"). It would be helpful if you could address those questions in sequence in your statement. If you do not feel that you are in a position to assist with a particular question, you should indicate accordingly and explain why that is so.

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 is grateful for your previous contribution by providing oral evidence during the Evidence Modules which were heard from March to May 2023. However, 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/ghbmfpb9l3kvdaf1nz3ezbhbr06fb2df

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 with responsibility for operational management of MAH at Directorate level.

Muckamore Abbey Hospital Inquiry

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

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

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

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

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

3. Please explain the lines of accountability from MAH ward staff through to the Trust Board? Who decided that matters ought to be escalated? Was there guidance to identify when that ought to happen and what action ought to be taken?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Belfast Health and Social Care Trust
caring supporting improving together

Minutes of the Executive Team (ET) meeting
held on 27 February 2019 at 1.30 pm
Boardroom, Trust Headquarters, BCH

Present:

Mr Martin Dillon, Chief Executive – Chair
Dr Cathy Jack, Deputy Chief Executive/Medical Director
Miss Brenda Creaney, Director of Nursing and User Experience
Mr Aidan Dawson, Director Specialist Hospitals and Women's Health
Mrs Carol Diffin, Director Children's Community Services
Mrs Marie Heaney, Director Adult Social and Primary Care
Mrs Jennifer Thompson, Interim Director of Performance, Planning and Informatics
Mrs Caroline Leonard, Director Surgery and Specialist Services
Mrs Bernie Owens, Director Unscheduled and Acute Care
Mrs Bronagh Dalzell, Head of Communications

Apology:

Mrs Maureen Edwards, Director Finance, Estates and Capital Development
Mrs Jennifer Thompson, Interim Director Performance, Planning and Informatics
Ms Claire Cairns, Head of Office
Mrs Bronagh Dalzell, Head of Communication

In Attendance:

Mr Daren Campbell, Service Manager, Blood Sciences
Dr Gareth McKeeman, Consultant, Clinical Scientist,
Miss Marion Moffett, Executive Assistant, Minute Taker

1. Minutes of Previous Meeting

The minutes of the Executive Team meeting held on 06 February and the informal meeting of 13 February 2019 were considered and approved.

2. Matters Arising/Action Log

2.1 John Growcott Retirement

Mrs Diffin advised she would confirm a date with Mr Growcott when he returns from holiday.

2.2 TIG – Collective Leadership Values and Behaviours Strategy

Mr Dillon advised DoH was organising, in due course, a launch of the new Regional Values and Behaviours Framework and that Mrs Kennedy would present an update to ET on the migration of the Trust's values to the new regional values.

2.3 Encompass Update

Members noted Mrs Thompson is following up on additional support required with Divisions.

2.4 Neurology Review Update

Mrs Owens confirmed the Trust had responded to the Permanent Secretary regarding the inadvertent disposal of personal complaints records.

Members noted the Business Case in respect of additional Psychology Services was being finalised for submission to HSCB.

2.5 Staff Recognition Quality Awards

Dr Jack confirmed the Staff Recognition Quality Awards would be introduced in April 2019.

2.6 Investment Proposal for the Extension of the Trust Bank/eRoster

Miss Creaney advised the Central Nursing Team were liaising with Finance colleagues regarding the Trust Bank/eRoster proposal.

3. Chief Executive Update

3.1 TIG Update

Mr Dillon provided an overview of the recent TIG meetings. At the 13 February meeting, there had been presentations on the Oncology Service Review, Urgent and Emergency Care Review and Transformation Funding slippage.

At the 27 February meeting EU Exit had been discussed, with version 3 of the Contingency Plans due to be issued. The Neurology PID had been endorsed and approval had been given to proceed to public consultation on the Stroke Services Review options.

3.2 NICON 19 – Leading from the Edge Transforming our System Together – 16/17 May 2019

Mr Dillon referred to a request from NICON for Trusts "breakthrough leaders" to participate in the annual conference in May. Members were asked that thought be given to potential nominees for further consideration and agreement at the next ET meeting.

3.3 Review of Urgent and Emergency Care across NI

Mr Dillon referred to correspondence from the DoH seeking to meet with ET to discuss the Review of Urgent and Emergency Care across NI.

Following discussion, it was proposed to invite the team to join an ET meeting at 3.30pm. The Trust would be required to prepare a presentation in advance.

4. QI Presentation

4.1 Embedding a Medical Laboratory Assistant in the Accident and Emergency Department

Mrs Leonard introduced Darren Campbell and Gareth McKeeman and invited them to present their QI Project

Mr Campbell and Dr McKeeman gave a presentation on “Embedding a Medical Laboratory Assistant (MLA) in the Accident and Emergency Department. They explained that by having an MLA in ED, within a three week period there had been a reduction in the Turnaround Time (TAT) of samples by 10 minutes; reduced sample interference by haemolysis; improved communication between Lab and ED for general queries and faster feedback for problem samples. WithLlab and ED staff visiting each other’s working environments there was a better understanding of roles.

In the discussion which followed members commended the project, which was patient focused. Mr Campbell and Dr McKeeman undertook to review the driver diagrams and include a run chart alongside a Pareto chart to help with further development of the project.

Miss Creaney suggested that lab staff having access to Nurses in Charge mobile phone numbers would help with any queries in respect of samples.

Mr Dillon acknowledged the project demonstrated an improved patient experience and thanked Mr Campbell and Dr McKeeman for their presentation, they left the meeting.

5. Safety Quality Experience

5.1 Muckamore Abbey Hospital (MAH) – Update

Members discussed the need for Mrs Heaney to step aside from her full Director roll for a 6 month period to focus on MAH. It was agreed that Mr Dawson would cover Mental Health and Mrs Owens Older Peoples Services. Mrs Heaney undertook to arrange handover meetings and prepare a briefing for Mr Dillon to issue to staff by Monday 4 March 2019.

Mrs Heaney provided an update in relation to MAH. She advised that the flowchart in relation to viewing the CCTV footage had been revised. The PSNI had now confirmed that the viewing could re-commence on 28 February in Antrim Road PSNI Station. The viewing team would consist of PSNI, MAPA, DAPO, Management, with

patient care plan information. The 38 urgent incidents will be prioritised for due process to be followed.

Following discussion Mrs Heaney agreed to present the following to the next ET prior to Trust Board on 7 March –

a. Sitrep Report - Is current care safe (actions to take account of the SAI report findings and reference all workstreams designed to reform care).
b. Action Plan – Regional
c. Action Plan – Trust (including investigation)

Mr Dillon advised that he had asked Dr Jack to chair an Assurance Group (formally the Director Oversight Group) and she provided an overview of discussion at the recent meeting held on 26 February 2019.

Mrs Heaney advised she was writing to the DoH requesting regular monthly meetings to ensure they are kept fully appraised of the position in respect of MAH.

Mrs Heaney further reported that she had requested the Leadership Team in MAH to prioritise finalise updating the Seclusion Policy.

Members noted that contemporaneous viewing of CCTV footage had not raised any issues in relation to current behaviours and there were no concerns from that in relation to current patient care.

The impact on staff was discussed Mrs Heaney advised she and Miss Creaney had met with staff on 25 February and the Leadership team continued to provide support. She further advised that consideration was being given to what additional supports could be put in place.

Miss Creaney advised that there had been very positive feedback from final year students working in MAH, they had acknowledged a good learning experience whilst working in MAH.

Mrs Heaney advised she would discuss the proposed Governance and Leadership review with DoH colleagues.

Miss Creaney reported that RQIA had commenced an unannounced inspection in MAH on 25 February, with the feedback session planned for 8.30am on 1 March.

5.2 Muckamroe Abbey Hospital Meetings with Families and MLAs

Mrs Heaney presented reports of the MLA Briefing meeting on 13 February and the meeting with families on 18 February 2019 for information.

Members noted that the Chairman had requested a meeting with Mr Gavan Robinson, MP regarding MAH.

5.3 Neurology Review Update

Mrs Owens presented the Sitrep report on the Neurology Look Back for the period ending 25 February 2019. The video EEGs were on line to be completed by the end of February/beginning of March. Work is on-going in respect of the validation of the neurology recall database, which will be completed by end of March and given to HSCB/PHA who are leading on drafting the Neurology Outcome Report.

Members noted that Mrs Owens was co-ordinating a meeting for Dr McCarthy and Dr Mairs, PHA, to meet with locum neurology consultants to receive feedback on their experience of the call back exercise.

Mrs Owens advised the DoH had scheduled a MLA briefing for 7 March, 2019 and a separate date was being arranged for the charities, Ms Meekin had been invited to attend both meetings.

Mr Dillon advised that the Case Managers report, under MHPS would not now be available until the end of March. He further advised that the RQIA report on the Review of Governance in Out-patients was still awaited.

Dr Jack advised she had written to UIC expressing concern that the data provided to GMC regarding complaints relating to Dr Watt differed to the information UIC had provided to the Trust.

Mrs Owens advised that dates were being agreed for the Permanent Secretary (PS) and CMO to meet again with the neurologists involved in the call back and also for PS and CNO to meet with the Specialist Nurses.

Members noted staff continued to meet with the Independent Inquiry Panel, with Dr Jack due to attend a further meeting on 28 February 2019.

5.4 Infected Blood Inquiry (IBI)

Mrs Leonard provided an update in relation to the IBI. The IBI Team are scheduled to visit Northern Ireland week commencing 11 March and will be visiting the Trust on 13 March, to review information provided to date and storage arrangements for records.

Members noted that there had been a limited number of subject access requests for medical records to date, however, it is anticipated this will increase when the public hearings commence after Easter.

5.5 Live Governance Report

No report submitted for consideration.

5.6 HCIA Update

Miss Creaney presented the HCAI Recovery Plan for the period 25 February 2019, indicating 2 further cases of Cdiff and no cases of MRSA. Disappointingly, there had

been 7 new cases of Cdiff in the month of February, to date, and the Trust was exceeding the target of 110 cases for the year.

Members noted that due to higher incidents within a specific area of RICU the IPC team are reviewing the environment, alongside the Environmental Cleanliness team.

Miss Creaney advised that a piece of work in line with the CDI policy was being led by Dr Elbaz and she asked members to urge medical colleagues to participate.

In response to a question from Dr Jack, Miss Creaney advised that the IPC team were reviewing the Cdiff case in Meadowlands

Members discussed the number of cases of Cdiff post 72 hours and emphasised the need for local leadership to ensure improvement.

Mr Dillon said it would be useful to have benchmark data included in future reports and Miss Creaney undertook to follow this up.

5.7 RQIA Review of Governance in Outpatients – Adult Safeguarding Action Plan

Mrs Heaney presented the Adult Safeguarding Outpatients Action Plan to address the findings of the RQIA.

Mrs Leonard advised that Mr Boyd would be proceeding to appoint individual(s) responsible to ensure safeguarding is addressed across all outpatient departments.

Mrs Diffin advised a similar arrangement is required for Children's Safeguarding.

Following discussion it was agreed Mrs Diffin, Mrs Leonard, Mrs Heaney and Mr Boyd should meet with Mrs Toner and Mrs Hazlett to discuss safeguarding awareness across the Trust and the implementation of the action plans submitted to RQIA.

Miss Creaney advised that Mrs Cairnduff, Central Nurse could support safeguarding training.

Members discussed the need for additional funding to address safeguarding.

6 Service Delivery

6.1 Winter Pressure Situation

Mrs Owens provided an overview of Unscheduled Care in recent weeks. She advised there continued to be challenges with a number of patients waiting over 12 hours in ED's. She advised that whilst there had been an increase in attendances compared to the same period last year, admissions had not increased. A review was being undertaken to assess if there had been any impact following elective activity being re-instated in February.

In response to a question from Mr Dillon, Mrs Owens advised there has been an improvement in the delayed discharge position. However, the Discharge Impact Group are undertaking a QI approach with each ward to review how the assessment process is being applied.

Mrs Owens advised that following receipt of correspondence from ED Consultants raising concerns regarding ED, herself and Dr Jack, together with Chairs of Division, were meeting with them on 28 February to discuss.

Members reflected on the many significant service improvements made since 2014, including the creation of the Emergency Care Village.

Mrs Owens advised that it was timely that Mr McGirr was facilitating “Improving Patient Access and Experience - Reset Event” on 27/28 February with a feedback session on 1 March 2019.

Mrs Heaney advised that Domiciliary Care capacity in the IS had not improved and the Trust was currently managing a provider failure situation involving 85 clients.

6.2 Workplan 2019/20

Members noted Ms Cairns would be circulating the Workplan for 2019/20 to be populated prior to consideration by Trust Board.

6.3 EU Exit Update

Mrs Kennedy provided an update in relation to EU Exit arrangements being put in place in the event of a no deal outcome.

Members noted a template was being developed for daily Sitrep reporting to HSCB with a trial exercise planned 15 March prior to full implementation by 29 March.

Members noted that Trusts had written to IS providers seeking assurance that appropriate arrangements were in place.

Mrs Kennedy advised that the Trust EU Exit Steering Group was due to meet on 28 February and she would provide a further update at the next ET meeting.

6.4 Policies for Approval

Members considered and approved the Policy, Standards and Guidelines/Care Pathways ratified by the Policy Committee on 7 February 2019.

7 Strategy and Partnerships

No items

8 People and Culture

8.1 Media/PR Update

No report

8.2 Funding Schwartz Rounds in QUB for Medical Students

Dr Jack presented a proposal for QUB to purchase a licence to deliver Schwartz Rounds for final year medial students, which the CMO had suggested could be funded from surplus Transformation funding. She explained this should improve staff wellbeing and resilience in the clinical environment.

Members considered and approved the proposal.

9 Resources

9.1 Financial Update

No report

9.2 Transformation Projects Update

No report

10 Any Other Business

10.1 Family Support Hubs

Mrs Diffin was pleased to report that the Family Hubs had received a Lord Mayors Award and staff would be attending a Celebration Event in the City Hall on the evening of 1 March, 2019

Mr Dillon asked that congratulations be extended to the staff and suggested a news item be placed on the HUB.

10.2 Signs of Stroke Audit

Dr Jack advised the SNAPP National Audit results had been released and BHSCT had received a Category A rating.

Mr Dillon congratulated all staff involved.

10.3 CAMHS PRM – Safety Award

Dr Jack advised the CAMHS QI Project “Reducing PRN in Beechcroft” had won the Regional Safety Forum Award in the Partnership and Co-production category and was through to the final (being held today).

Mr Dillon congratulated the team for this significant achievement and wished them well for the final.

10.4 IIP

Mrs Kennedy provided on the programme of IIP presentations on-going, to date positive feedback had been received from the assessors.

10.5 Nurse Bank Centralisation Proposal

Mrs Owens sought an update in respect of the Nurse Bank Centralisation proposal.

Miss Creaney advised that an update was scheduled to be provided to the Chief Executives' Forum on 4 March, 2019.

Members expressed concern that the proposal would not address the issues relating to the use of off contract agencies or achieve the anticipated savings.

Miss Creaney expressed concern at the Trust's increased use of Off Contract Agency Nursing staff and emphasised the need for it to be brought back in line with Trust procedures.

10.5 Senior Executive Pay Award

Mrs Kennedy provided an update in respect of Senior Executive Pay Award and advised that she was due to meet with DoH on 28 February 2019 to explain the Trust position in more detail

11. Date of Next Meeting

Members noted the next meeting of ET was scheduled for 1.30pm on 6 March 2019.

3.032

Belfast Health and Social Care Trust
caring supporting improving together

Minutes of the Trust Board Confidential Meeting
Held on 7 March 2019 at 10.00 am
in the Boardroom, Belfast City Hospital

Present

Mr Peter McNaney	Chairman
Mr Martin Dillon	Chief Executive
Prof Martin Bradley	Non-Executive Director – Vice-Chairman
Dr Patrick Loughran	Non-Executive Director
Mrs Nuala McKeagney	Non-Executive Director
Ms Anne O'Reilly	Non-Executive Director
Mr Gordon Smyth	Non-Executive Director
Dr Cathy Jack	Deputy Chief Executive/Medical Director
Miss Brenda Creaney	Director Nursing and User Experience
Mrs Carol Diffin	Director Social Work/Children's Community Services
Mrs Maureen Edwards	Director of Finance, Estates and Capital Development

In Attendance:

Mr Aidan Dawson	Director Specialist Hospitals and Women's Health
Mrs Marie Heaney	Director Adult, Social and Primary Care
Mrs Caroline Leonard	Director of Surgery and Specialist Services
Mrs Jacqui Kennedy	Director Human Resources/ Organisational Development
Mrs Bernie Owens	Director Unscheduled and Acute Care
Mrs Jennifer Thompson	Director Performance, Planning and Informatics (Interim)
Ms Claire Cairns	Head of Office of Chief Executive
Mrs Bronagh Dalzell	Head of Communications
Miss Marion Moffett	Minute Taker

Apologies

Professor David Jones	Non-Executive Director
Mrs Miriam Karp,	Non-Executive Director

10/19 Minutes of Previous Meeting

The minutes of the previous confidential Trust Board meeting held on 7 February 2019 were considered and approved.

11/19 Matters Arising

No items raised

12/19 Chairman's Business

a. Conflicts of Interest

There were no conflicts of interest reported.

13/19 Chief Executive's Report

i. Emerging Issues

Nothing to report

ii. Review Updates

a. Neurology

Dr Jack provided an update in respect of the Neurology Patient Call Back, 100% of the 2529 patients have been reviewed or offered a review, and 3 patients overseas have been contacted and offered funded appointments in their current location, which they have declined. Arrangements have been made with these patients to make contact and book an appointment on their return to NI. There are 7 patients to have a review appointment after their diagnostic test, with 986 patients discharged. A total of 1410 patients require ongoing review within the core neurology service. Diagnostic and Video EEG appointments are ongoing with 211 referrals to psychology.

In relation to the 417, discharged by Dr Watt re-referred back by their GP, 99% have been followed up, 3 have appointments booked, 59% of these patients have a confirmed discharged.

Dr Jack referred to the Discharged Patients and reported the Trust had invited 1000 patients (700 BHSCT, 300 Ulster Independent Clinic) for a review appointment 99% of the patients within this recall cohort have been followed up.

The HSCB/PHA are writing the outcomes report and are working towards having this completed by end of May 2019. This requires the Trust to have a validated list of patient information completed by the end of March 2019. Currently, this work is on track, however, this is dependent on all remaining patients attending their review appointment following their diagnostic tests.

Dr Jack advised RQIA had provided verbal feedback to Directors on 6 December in respect of the RQIA Review of Governance in Outpatient Departments and had visited each hospital site in January to present their findings to staff. The written report has not yet been received.

The RQIA Review of Deaths team has been established, but there is no further details of when this work will commence.

Dr Jack advised the Trust continued to submit relevant information to the Independent Inquiry as requested, and staff continue to be interviewed. The Trust is progressing an investigation within the MHPS framework; with Verita indicating completion of their investigation by end March/early April 2019.

In concluding her update, Dr Jack commended the Neurology Team for completing the review within the agreed timeframe with no determent to core activity.

In response to a comment from Professor Bradley regarding private patients, Dr Jack advised that the relevant guidance had been re-issued to all medical staff.

In noting the position, Mr McNaney asked that members' appreciation be passed on to the Neurology Team.

b. IHRD

Dr Jack reported the Group considering the cases of those doctors named and criticised in the IHRD report had considered the results of preliminary inquiries conducted and closed a number of cases. Those doctors that have proceeded to formal investigation (2) had made initial responses to the Trust asking that formal investigations did not proceed at this time due to other ongoing processes involving the GMC, the Coroner and the PSNI. The Trust is seeking legal advice from Counsel in this regard.

Members noted the DoH had met with the lead Directors from each Trust to advise on Workstreams. There will be an event in May 2019 to bring all Workstreams together to share progress to date.

Ms O'Reilly and Mrs Diffin expressed concern at the Duty of Candour Workstream proposal that Individual Duty of Candour be introduced for all staff within HSC.

Dr Jack advised that Medical Directors' had similar concerns, given this requirement is not followed by any other jurisdiction.

Members discussed that implementation of such a proposal had the potential to destabilise the NI HSC workforce.

Mr McNaney reminded members that following a meeting with the families involved in the Hyponatraemia Inquiry (facilitated by the Permanent Secretary) and given the concerns raised by the families, the Board had agreed to [redacted]

Mr McNaney advised the Trust [redacted] He would be sharing this information with the Permanent Secretary and the families.

[redacted]

c. Muckamore Abbey Hospital

Mr Dillon advised RQIA had carried out an unannounced inspection of Muckamore Abbey Hospital (MAH) on 26 to 28 February 2019. He then tabled correspondence from the RQIA dated 5 March, requesting a meeting to discuss their notice of intention to service six Improvement Notices to the Trust in respect of failures to comply with standards of patient care and treatment provided in MAH. Mr Dillon also tabled copies of an Article 4 letter, relating to MAH, dated 6 March, RQIA had submitted to the Chief Medical Officer.

Mr Dillon advised Mrs Heaney, Dr Jack, Ms Creaney, Mrs Kennedy and himself, together with representatives from the NHSCT and SEHSCT, had met with RQIA immediately prior to the Trust Board meeting regarding the concerns raised by them. The Trust had presented a detailed Action Plan on a range of actions being taken forward in MAH. Supporting evidence had also been provided in respect of staffing, patient's physical health care needs and governance. Mr Dillon advised that the Trust had undertaken to forward written evidence and Action Plans by 8 March to RQIA and DoH.

Mr Dillon advised that he had implemented temporary arrangements at Director level, in order to allow Mrs Heaney to focus exclusively on delivering the robust action plan for improving the safety and effectiveness of patient care (including transformation of the current care model) at MAH; on leading the Trust's investigation into staff behaviours; and to play a full part, on behalf of the Trust, in working with the Region to deliver on the commitment recently made by the Permanent Secretary i.e by the end of 2019, no patient should call MAH their home. Therefore, he had temporarily, for a six-month period, reallocated responsibility for Older People, Adult Social and Primary Care and Mental Health Services to Mrs Owens and Mr Dawson respectively. In addition, Dr Jack will Chair, a group which will provide assurance to himself and the Chairman on the delivery of the action plan, progress with the Trust Investigation and on progress with delivering the Regional Plan.

Mrs Heaney gave a presentation outlining the Trust Action Plan and detailing the Quality and Safety Improvement Plan in respect of patient safety; risk management of the historical CCTV viewing and decision making; purpose of hospital assessment and treatment; patient experience; timely discharge and rapid development of statutory supported housing schemes; family engagement; development of community services; review of adult safeguarding practice and staff care.

Miss Creaney expressed concern at the staffing issues referenced in the RQIA letter and provided assurance that MAH wards are safely staffed, with rosters planned in a timely and effective manner, ensuring the correct skill mix and number of staff allocated per shift meet patient need. She further advised BHSCT was working collaboratively with NHSCT and SEHSCT to develop robust contingency arrangements in the event of further staff suspensions or additional sick leave.

Mrs Heaney provided assurance that current patient care on the MAH site was safe.

Professor Bradley sought an update in relation to the disciplinary investigations.

Mrs Kennedy advised that four external investigators had been appointed via the Leadership Centre and were scheduled to meet with HR to be fully briefed and ensure relevant training is in place. HR have completed a substantial piece of work cataloguing the CCTV footage of each incident in preparation for investigations commencing. However, the Trust will require approval from the PSNI before the footage can be used for the disciplinary process. In the event of permission not being granted, the Trust will need to proceed without the footage.

Mr McNaney emphasised the importance of the Trust reviewing the outstanding CCTV footage and proceeding with the disciplinary investigations expeditiously.

Mrs Kennedy advised that as soon as the PSNI position has been given the Trust process could commence.

Ms O'Reilly referred to the Trust's responsibilities under the Delegation of Statutory Functions in relation to vulnerable adults.

Mrs Heaney advised the Trust had fully discharged its Statutory Duties and when the PSNI decision has been issued, the Trust will proceed with the investigations.

Mr Smyth referred to the public perception given the media coverage and the detrimental effect on families and staff and emphasised the need for the investigation process to commence.

Mrs Heaney advised that a PSNI Liaison Officer is in contact with the affected families and they are kept fully appraised of the situation.

Professor Bradley and Ms O'Reilly referred to the need to ensure appropriate programmes of day time activity for MAH patients and the need to transition to a social model of care.

Dr Jack advised she was exploring with East London Trust the engagement of a Critical Friend in relation to MAH.

Dr Loughran expressed concern that the RQIA Inspection Team had not sought evidence in relation to the concerns raised prior to issuing the letter of 5 March.

Mr Dillon emphasised the importance of the region addressing MAH issues and developing a more appropriate model of care in community settings.

Following a lengthy discussion Mr Dillon advised that he would be submitting a detailed letter to the Permanent Secretary providing assurance in respect of the issues raised by RQIA and current patient safety.

d. Audiology

Mr Dawson advised there were 3 patients still to review, all accepted 2 appointments previously and subsequently cancelled, rebooked due to patient choice. One with an appointment in April and the other 2 in March. To date no significant concerns have been raised in relations to those seen to date.

Members noted the DoH and PHA are seeking a close this matter.

e. EU Exit

Mrs Kennedy updated members on the DoH Operational Guidance in respect of EU Exit arrangements being put in place in the event of a no deal outcome. A Trust EU Exit Steering Group has been established.

Members noted the position and asked Mrs Kennedy to provide an update at the next meeting.

14/19 Any Other Business

a. Arts in Health The Next Chapter

Mrs Thompson presented the Arts in Health: The Next Chapters 2019-24, the second BHSCT Arts in Health Strategy.

Members noted and approved the strategy, which would be formally presented at the next public meeting.

b. Guidance from the Network Information Systems (NIS) Regulator for NI

Mrs Thompson provided an overview of implementation of Network Information Systems Regulations 2018 regarding the obligations for operators of essential services, which included the Trust. She pointed out that the Regulations and guidance now provided by Ms Patricia Carey (NIS Regulator for NI) require the Trust to report incidents, which meet the relevant reporting thresholds within 72 hours.

Members noted the guidance.

ACTION LOG

Min.	Action	Director	Status
7 February 2019			
08/19 a	RQIA Out-Patients Review - Adult and Children safeguarding training within Children's Services and Outpatient Departments	DSW/CCS DASPC	On-going
	Non Executives to receive Safeguarding Training	DSW/CCs/ HoO	Date TBC
08/19 b	Paper on Review of Governance and Leadership Arrangements to be drafted	DASPC	On-going
	Action Log to be developed	HoO	Completed
	Arrange a meeting with NED and Directors	Chairman	14.02.19
	Action Plan to be presented to Trust Board	DASPC	07.03.19
	Statement to be prepared around current safety, affirming no current concerns regarding safe working in MAH	DASPC + HoC	On-going
7 March 2019			
13/19 d	Explore engagement of Critical Friend in relation to MAH	DCEx/MD	On-going
	Provide written assurance to Permanent Secretary in respect of issues raised by RQIA and current MAH patient safety	CEx	Completed
14/19 a	Arts in Health The Next Chapter present to TB	DPPII)	04.04.19

Minutes of the Executive Team (ET) meeting
held on 2 October 2019 at 3.00 pm
Boardroom, Trust Headquarters, BCH

Present:

Mr Martin Dillon, Chief Executive - Chair
Dr Cathy Jack, Deputy Chief Executive/Medical Director
Miss Brenda Creaney, Director of Nursing and User Experience
Mrs Maureen Edwards, Director Finance, Estates and Capital Development
Mrs Marie Heaney, Director Adult Social and Primary Care
Mrs Jacqui Kennedy, Director Human Resources/Organisational Development
Mrs Caroline Leonard, Director Surgery and Specialist Services
Mrs Bernie Owens, Director Unscheduled and Acute Care
Ms Charlene Stoops, Director Performance, Planning and Informatics
Ms Claire Cairns, Head of Office
Mrs Bronagh Dalzell, Head of Communication

In Attendance:

Mrs Nuala Toner, Divisional Nurse – *Deputising for Carol Diffin*
Mr Paul Conlon, Senior Manager, IT - Min 6.5
Ms Jill Nicholson, Senior Manager, IT – Min.6.5
Miss Marion Moffett, Executive Assistant, Minute Taker

Apologies:

Mr Aidan Dawson, Director Specialist Hospitals and Women's Health
Mrs Carol Diffin, Director Children's Community Services

Mr Dillon thanked Mrs Toner for attendance.

1. Minutes of Previous Meeting

The minutes of the previous meetings held on 25 and 26 September 2019 were considered and approved.

2. Matters Arising/Action Log

Members noted the following items listed on Action Log.

2.1 Kingston NHS Foundation – Proposal for Theatre Nurses

Mrs Kennedy advised she was awaiting a response from the DoH regarding the Kingston proposal.

Ms Stoops advised that Kingston were in regular contact with the Trust seeking an early decision on the matter as they will have to stand down staff if the proposal does not proceed

2.2 Trust Confidential Media Breaches

Members noted a date was yet to be agreed for the ET workshop regarding confidentiality safeguards.

2.3 Savings Plans 2019/20

Mrs Edwards advised a meeting is being arranged with Miss Creaney, Mrs Leonard and herself to discuss the establishment and membership of a Steering Group to address nurse spend spend (particularly off contract agency spend).

2.4 West Belfast MDT

Ms Stoops advised the MDT funding was turned down for the in-year funding on the basis of lease accommodation being proposed as an interim solution to meet the needs of the Team whilst longer-term solutions in GP Practices were developed. Ms Stoops advised that clarification was being sought from DoH in regards to both the lease solution not being acceptable and also querying what was considered acceptable in terms of social work numbers. She undertook to keep ET advised of developments.

Mrs Dalzell advised it had been indicated the DoH launch of MDTs was scheduled for 16 October 2019.

2.5 Live Governance Reports

Ms Cairns confirmed action was being taken to follow up the RQIA report.

2.6 Regional Consultations and Review Updates

Ms Stoops confirmed Mrs McQuillan was liaising with Trust representatives to provide updates on their Review Group at the November Senior Leadership Group meeting.

2.7 Trust Board

Ms Cairns advised she had spoken to the Chairman regarding the proposed alternative format for Trust Board meetings and he was supportive provided ET were content.

Members agreed to the proposal being tested and Ms Cairns undertook to draft the proposal for consideration by Trust Board.

2.8 RCN Ballot 19 October 2019

Miss Creaney undertook to circulate correspondence from RCN regarding the Ballot planned for 19 October.

3. Chief Executive Update

3.1 TIG Update

No update.

3.2 Permanent Secretary – 24 September

Mr Dillon provided an overview of discussion at a recent meeting the Permanent Secretary had with Chief Executives regarding emerging concerns regarding anomalies/variations in performance across the Tursts.

It was agreed that Ms McWillliams, HSCB would be invited to address ET on the concerns, Ms Stoops undertook to follow up with HSCB.

4. Quality Improvement

No presentation.

5. Safety, Quality, Experience

5.1 Muckamore Abbey Hospital (MAH)

a. Interim Leadership Arrangements

Mr Dillon confirmed the following interim management arrangements for a temporary 6 month period commencing 14 October 2019:

- Mrs Heaney will work with the Region and focus on the future visioning of Learning Disabilities Services, including the future of Muckamore. She will continue to lead on Intellectual Disability Community Services including the implementation of the new model of services in Belfast and resettlement. Mrs Heaney will continue to manage the adult safeguarding teams across the Trust for all current concerns and will resume responsibility for Adult Community Services with the exception of hospital facing elements of the division.

- Mrs Diffin will have lead responsibility for the historic viewing of CCTV at Muckamore Abbey Hospital and the associated safeguarding processes.

- Mrs Kennedy will have lead responsibility for the Trust's disciplinary processes and the link with PSNI.

- Mrs Owens will be responsible for the safe and sustainable running of MAH ensuring that all patients who live in MAH and those who need the specialist support available in MAH, receive it. In addition, the senior divisional team will

comprise of Ms Gillian Traub, Interim Co-director and Mrs Trish McKinney, Interim Divisional Nurse, alongside recent interim secondees from Mental Health Services.

- Mrs Owens will continue to lead Neurosciences and Radiology

- Dr Brian Armstrong will step up as Director of Unscheduled and Acute Care (ED and Acute Medicine Specialties. He will also be responsible for hospital-based care of the elderly, step down, and acute care at home.

- Mrs Leonard will take responsibility for the division of ACCTSS.

- Mr Dawson will continue to be lead Director with responsibility for Mental Health Services alongside Women's and Specialist Hospitals.

Mrs Kennedy emphasised the importance of ensuring clear roles and responsibilities for those involved in the interim arrangements.

Mr Dillon referred to the significant challenges relating to MAH and the need to ensure patient safety he stated it is critical for everyone to work together to support MAH patients and staff. He acknowledged the huge amount of work undertaken by Mrs Heaney, Miss Creaney and colleagues in the interests of vulnerable patients.

A communication programme had commenced to advise staff and families of the interim arrangements.

Mr Dillon advised Dr Jack will chair the Oversight Group (previously Assurance Group) with regular reports to ET across the various wokstreams.

b. MAH Update

Mrs Heaney advised she had raised concerns with Mr Holland regarding issues raised by RQIA in respect of the Adult Safeguarding Policy. She pointed out this was a regional policy which the Trust was adhering to. It had been acknowledged that the policy needed to be reviewed by the DoH to address gaps in areas.

Mrs Heaney referred to the recent media coverage following Margaret Flynn (Chair of SAI) BBC interview and the impact on families and staff.

Members acknowledged the importance of families and staff being supported and the need for regular communication with them.

Mrs Heaney and Miss Creaney provided an overview of discussion at the DoH Muckamore Departmental Assurance Group meeting held on 24 September. Members noted the draft Terms of Reference (ToR) for the Leadership and Governance Review, issued for comment to Mr Lee DoH by 4 October. It was noted that external agencies had not been included in the draft and it was also agreed the ToR needed to be shared with the PSNI to ensure the proposed review does not impact on their investigation. Mrs Heaney undertook to provide feedback to Mr Lee.

5.2 Infected Blood Inquiry (IBI)

Mrs Leonard advised last round of this phase of IBI public hearings for the infected and affected will commence on 8 October in London. The Inquiry has published witness lists in advance; a significant number of individuals are giving evidence anonymously. The Trust is aware that 2 individuals from NI are giving evidence on 9 October 2019.

As was the case with the Belfast Hearings the Inquiry is not giving the Trust advance notice of witness statements from those giving evidence at the Inquiry, the Trust is advised that statements are to be published electronically on the website for Core Participants a week in advance - nothing has been published as of 1 October 2019.

5.3 Live Governance Report

Ms Cairns presented the Live Governance report for the week of 25 September 2019.

Ms Cairns referred the SAI regarding a homicide and advised the recently updated HSCB guidance had been discussed with Governance Leads, and it had been agreed that a template will be issued to all Chairs for completion.

Members noted the report.

5.4 HCAI Updated

Miss Creaney presented the HCAI Recovery Plan for the week ending 30 September indicating there had been 8 new cases of Cdiff and 1 new case of MRSA in September. She provided an update in respect of the confirmed case of pseudomonas in the Neonatal Unit.

Miss Creaney presented the IPC update of national peer comparisons indicating the Trust position in relation to Cdiff and MRSA.

Miss Creaney advised the Trusts IPC Team were liaising with the NHSCT regarding learning given their improved performance in respect of CDI..

Miss Creaney referred to the Trusts improved performance in respect of the use of anti-microbials and advised an event was being held on 19 November in Riddell Hall on the subject.

In relation to the draft TDP HCAI targets Miss Creaney advised these did not reflect discussions with the PHA, Ms Stoops undertook to follow this up.

5.5 Quality Improvement Celebration Event

Dr Jack presented a proposal to hold a Quality Improvement (QI) Celebration event on 22 November in Girdwood with Ms Judith Gillespie, Guest Speaker. The event will include QI poster display and presentations on the 5 ImPACT Workstreams.

Members approved the proposal, Ms Cairns advised Colin McMullan would be issuing an email requesting nominations.

Dr Jack, Mrs Edwards and Mrs Heaney were excused to attend a meeting with RQIA.

6. Service Delivery

6.1 Unscheduled Care Update

Mrs Owens provided an overview of a recent meeting with relevant staff regarding current pressures going into the winter on the RVH site to discuss how these could be addressed. This included a discussion regarding the Early Warning Score System and its use in the earlier part of the working day especially during the winter months. Concern had been expressed at recent experiences when decisions were taken too late and it had been agreed to test the scoring system. A further meeting is to take place on the 8 October with trade unions.

6.2 Mental Capacity Act

No update.

6.3 EU Exit Planning

Mrs Kennedy provided an update on preparation for EU Exit planning and advised the Business Impact Analysis was currently being reviewed. She drew particular attention to correspondence form the Permanent Secretary requesting assurance in respect of contingency plans by 11 October; this was currently being followed up.

Members noted that clarification was awaited in respect of the Sitrep reporting which will form part of the daily morning Control Room calls.

6.4 Performance Management Framework (PMF)

Ms Stoops presented a paper on the PMF, explained that the current performance dashboards do not reflect current roles and need to be refreshed. Consideration needs to be given to current arrangements where performance data is presented and reviewed for assurance purposes (e.g. Quality and Safety Steering Group) and the importance of understanding how this fits into an overarching PFM.

Ms Stoops referred to the new PMF issued in August 2017 to strengthen planning and performance, service improvement, quality and safety and resource management. It is felt that whilst progress has been made to implement a number of the actions in the draft PMF, more work is required. Therefore, it is proposed to establish an Oversight Board to provide strategic direction and guidance to drive full implementation of the PMF. One of the expectations was that Trusts would establish a performance and finance committee, some Trusts have a shared committee others have kept performance and finance separate ET needs to consider what would work best for BHSCT.

Following discussion the template for directorate dashboards was agreed for use in accountability review, subject to the removal of links with Quality and Safety Group and Learning from Experience Group as an ET workshop is needed to work through the process and agree best way forward. It was recognised that the dashboard will continue to evolve with the development of more outcomes based targets (including the PPI in quality and safety projects and cultural assessment work). Also, learning from the Seattle Visit and requirements of the new Strategic Oversight Board may influence this going forward.

6.5 Cloud Solutions Security

Ms Stoops introduced Mr Conlon and Ms Nicolson and invited them to brief ET on cyber security and safeguarding of data and systems within networks connect to the internet.

Mr Conlon referenced the increasing use of cloud based app/solutions, not of all of which are known to IT department. He outlined cyber security risks for the Trust and a proposed model for Technical Security Risk Rating.

Members expressed concern at the different risk rating tool and it was agreed this needed to be considered alongside the rag rating of the Trust Risk Matix.

Following discussion it was agreed IT department should undertake a scooping exercise to identify apps being used for Trust business and undertake a retrospective risk penetration assessment. It was suggested that consideration be given to recruiting Ethical Hackers.

Ms Stoops asked members to let her have any further comments and undertook to bring a further report to a future meeting for further ET consideration.

Mr Dillon thanked Mr Conlon and Ms Nicholson and they left the meeting.

6.6 ICO Audit Training Report

Ms Stoops provided a verbal report in relation to the ICO Information Governance Training Audit. The following recommendations had been made to improve assurance around training provision:

a. Trust should ensure accurate figures for completion of training to improve monitoring of progress
b. Continued efforts to raise training compliance rate
c. Trust should enable clear oversight of understanding of training by implementing a means of testing staff in a timely manner
d. Training for staff ideally should be refreshed more frequently than every 3 years

Members' noted the report.

7. Strategy and Partnership

No items

8. People and Culture

8.1 Media/PR Update

Ms Dalzell provided a verbal update of recent media coverage relating to the Trust.

8.2 Flu Vaccination Plan 2019/20

Mrs Kennedy presented the Flu Vaccination Plan for 2019/20 and highlighted that this year's target was 50% of staff to receive the vaccination. She emphasised the importance of encouraging staff to be vaccinated to protect their families and patients.

Following a comment from Mrs Owens, Mrs Kennedy undertook to circulate details of Peer Vaccinators.

Members noted that weekly reports of performance will be issued by directorate.

8.3 Staff Survey Report

Mrs Kennedy provided an overview of the Staff Survey 2019. There had been 19.5% respondents, overall the results had been positive, indicating some significant improvement since the 2015 survey. However, there were key areas requiring improvement.

Members noted the report.

9. Resources

9.1 Finance Update

Members noted the finance report had been issued with Trust Board Workshop papers.

9.2 BSRIA External Expertise

Mrs Edwards sought approval to engage BSRIA to provide external expertise for capital development and estates projects.

Members approved the proposal.

9.3 Property Management Asset Plan (PMAP) 2019/20

Mrs Edwards presented the PMAP 2019/20 for approval.

Following consideration members approved the PMAP 20019/20

10. Any Other Business

10.1 Band 8A Staff and Above

Mrs Kennedy advised that BSO Payroll had indicated that they would no longer be paying staff who are on Band 8A and above staff at overtime rates.

Members noted Mrs Shannon, HR was following up with BSO.

10.2 Smoke Free Policy

Miss Creaney referred to the disappointing decline in compliance of the Smoke Free Policy and advised the Steering Group was being refreshed. She asked colleagues to ensure appropriate representation on the group which was due to meeting again on 26 November.

10.3 ICO – Data Breach – Security

Miss Creaney referred to the Data Breech in the Security Department reported to the ICO. She was pleased to report that the ICO had indicated that they were satisfied with the Trusts management of the case with no recommendations.

In noting the position members wished to record their appreciation to Mrs Acheson for her assistance and guidance with this case.

10.4 Trust Board – Confidential 3 October – Emerging Issues

It was noted that updates would be provide to the confidential Trust Board meeting on the following additional emerging issues i.e. 4 Season Criminal Investigation and Ophthalmology.

10.5 Trust HQ Christmas Lunch

Mrs Dalzell advised she was considering options for the Trust HQ Christmas Lunch and would issue details for final confirmation of date and venue.

Belfast Health and Social Care Trust
caring supporting improving together

Minutes of the Confidential Trust Board Meeting
Held on 3 October 2019 at 9.00 am
in the Boardroom, Belfast City Hospital

Present

Mr Peter McNaney	Chairman
Mr Martin Dillon	Chief Executive
Prof Martin Bradley	Non-Executive Director – Vice-Chairman
Professor David Jones	Non-Executive Director
Mrs Nuala McKeagney	Non-Executive Director
Dr Cathy Jack	Deputy Chief Executive/Medical Director
Mr Gordon Smyth	Non-Executive Director
Mrs Miriam Karp,	Non-Executive Director
Miss Brenda Creaney	Director Nursing and User Experience
Mrs Maureen Edwards	Director of Finance

IN ATTENDANCE:

Mr Aidan Dawson	Director Specialist Hospitals and Women's Health
Mrs Marie Heaney	Director Adult, Social and Primary Care
Mrs Jacqui Kennedy	Director Human Resources/ Organisational Development
Mrs Caroline Leonard	Director of Surgery and Specialist Services
Mrs Bernie Owens	Director Unscheduled and Acute Care
Mrs Charlene Stoops	Director Performance, Planning and Informatics
Mrs Bronagh Dalzell	Head of Communications

Apologies

Dr Patrick Loughran	Non-Executive Director
Ms Anne O'Reilly	Non-Executive Director
Mrs Carol Diffin	Director Social Work/Children's Community Services
Ms Claire Cairns	Head of Office of Chief Executive

42/19 Minutes of Previous Meeting

Minutes of the previous meeting to be presented to future meeting.

43/19 Matters Arising

No items raised.

44/19 Chairman's Business

a. Conflicts of Interest

There were no conflicts of interest reported.

b. Independent Neurology Inquiry

Non Executive Directors had attended a hearing of the Neurology Inquiry in September and had provided feedback to the Chairman on the issues raised. The Chairman had agreed to draft a further submission to the Inquiry to deal with the issues and undertook to circulate to all members in advance. In addition, after discussion with the Chief Executive, the Chairman had proposed that a half day Governance Review Workshop be held within the next number of months to ensure learning from the Neurology Inquiry feedback was being addressed by appropriate changes to policy and practice.

c. Chairman's Awards Visits

Mr McNaney wished to pay tribute to Professor Bradley, Mrs McKeagney and Mrs Leonard for their support and assistance with the Chairman's Award visits. He commended the visits as an excellent opportunity to meet frontline staff who were inspirational and demonstrated commitment to patient care.

Mr Dillon said staff appreciated the opportunity of meeting with Board members.

45/19 Chief Executive's Report

i. Emerging Issues

a. Radiology Review

Mrs Owens advised that as a result of a number of issues being raised the Trust was inviting the Royal College of Radiologists (RCR) to undertake an independent external review of the Diagnostic Radiology Service. The review will focus on clinical governance and safety; operational leadership and effectiveness; and service sustainability and development.

Dr Jack stated this was problem sensing and the review would include benchmarking activity with other Trusts.

In response to a question from Professor Jones, Dr Jack advised that the Terms of Reference for the review were currently being agreed with the RCR and would be shared for information.

Mrs Owens advised the counter fraud were finalising an investigation review into a Radiologists work activity. The Radiologist was performing diagnostic additionality (Working List Initiative) during normal working hours, but

authorising the report out of hours, which attracted an enhanced rate of payment.

b. Audiology Review

Mr Dawson referred to previous discussion regarding an Audiologist employed by the Trust who had completed work in the Republic of Ireland. As reported previously a series of audits had been conducted over the past 14 months. The Trust recently met with the PHA to consider the last audit and it had been concluded with the PHA and DoH, subject to the final report from the Trust, this issue will be closed.

Mr Dawson advised the PHA had commended the Trust on its handling of the audits and patient reviews associated with the concerns raised and have advised they will be issuing a learning letter to the region highlighting good practices adhered to by the Trust.

Members welcomed the successful conclusion to the review.

Mr McNaney thanked Mr Dawson and the team involved in managing the audit reviews.

c. Ophthalmology

Mrs Leonard advised that the WHSCT had contacted Dr Jack on Friday 27 September regarding practice and probity concerns relating to a former Consultant Ophthalmologist who was appointed to BHSCT on 1 November 2017. These concerns were raised in WHSCT in March 2018, but had not previously been shared with BHSCT. Mr McNaney expressed concern at the delay in WHSCT informing BHSCT. Dr Jack has sought further clarification from WHSCT on this matter and had requested a timeline from WHSCT regarding the concerns raised. She further advised the individual had completed the full revalidation process and all three reference provided at the time of appointment to the Trust were good.

Mrs Leonard advised the Consultant concerned was spoken to, referred to Occupational Health and placed on sick leave on Monday 30 September 2019. An Early Alert was submitted to the DoH. The Trust Ophthalmology team are current reviewing patient treatment records, and to date no concerns had been identified.

In response to query from Mrs Karp, Dr Jack advised the Consultant had given assurance that they would not undertake any work pending the investigation.

Mr McNaney asked if there would be a need for a patient recall exercise. Dr Jack advised that this would depend on the outcome of the data review.

Dr Jack advised that current NHS guidance was being followed in respect of concerns raised about a member of medical staff.

d. Four Seasons Criminal Investigation

Mrs Owens advised the PSNI have been investigation allegations of serious misconduct by a former employee of Four Seasons. The allegations relate to serious misconduct against a small number of identified residents and staff in care homes. With the exception of one family, whom the police are currently liaising with, the police have met with families of identified victims of those residents concerned. The suspect has been arrested and the police have stated there is no evidence to suggest there are any further victims. The evidence indicates that the suspect acted alone.

Members expressed concern for residents and families.

Mrs Owens advised Trust was working with the Four Seasons, RQIA and PSNI to ensure support to residents, families and staff involved.

ii. Review Updates

a. Muckamore Abbey Hospital

Mrs Heaney presented a detailed update report in respect of Muckamore Abbey Hospital (MBA). She advised there were currently 55 patients in MAH with continued focus on discharge plans. She provided an update on progress in respect of the RQIA Improvement Notices. The Trust continues to meet with RQIA to share progress and ensure understating of RQIA requirements.

Mrs Heaney provided a detailed report, prepared by Mrs Aaroy, Carers Advocate, outlining progress in respect of improving communication between families and staff.

Members noted there continued to be workforce challenges, with a further 11 staff placed on precautionary suspensions. There continues to be further referral incidents and names provided to the Trust by the PSNI. These are currently under review by the Management Team for decision making.

Mrs Kennedy advised that a meeting has been held with DLS, PSNI and HR colleagues regarding the Trust Disciplinary strategy. The PSNI have agreed that once they have completed suspect interviews they will release names to the Trust to allow the Trust to engage with the individual, in relation to potential disciplinary investigative action.

Dr Jack advised that the Executive Team had agreed interim management/ governance arrangements for a six month period to help address the MAH issues. She explained the following:

- Mrs Heaney will, as Director, work with the Region and focus on the future visioning of Learning Disabilities Services and will continue to lead on Intellectual Disability Community Services including the implementation of

the new model of services in Belfast and resettlement. She will continue to manage the adult safeguarding teams across the Trust for all current concerns and will resume responsibility for Adult Community Services, with the exception of hospital facing elements of the division.

- Mrs Diffin, as Executive Director of Social Work, will have lead responsibility for the historic viewing of CCTV at MAH and the associated safeguarding processes.

- Mrs Kennedy, as Director of HR will have lead responsibility for the Trust's disciplinary processes and the link with PSNI.

- Mrs Owens will be the Director responsible for the safe and sustainable running of MAH, ensuring that all patients who in MAH and those who need the specialist support receive it. The senior divisional team working with Mrs Owens will comprise of Ms Gillian Traub, Co-director, and Mrs McKinney, Divisional Nurse, alongside recent interim secondments from Mental Health Services. Mrs Owens will continue to lead Neurosciences and Radiology.

- Dr Armstrong will step up as Director, Unscheduled and Acute Care. He will also be responsible for hospital-based care of the elderly, step down, and acute care at home.

- Mrs Leonard will take responsibility for the division of ACCTs as part of her Directorate.

Dr Jack explained the interim arrangements would commence on 14 October 2019.

Mrs Karp thanked Mrs Heaney for the comprehensive report, she particularly welcomed the work Mrs Aaroy was undertaking with carers. She was assured that patients were receiving safe care and referenced the strong view of families that patients should not be subject to interim transfers pending their long term placement.

Mr Dillon said given the number of suspensions, increased vacancies and sickness there are huge challenges in sustaining MAH and contingency arrangements have to be made should the site become unsustainable. He also advised that the DoH were assisting with the dialogue with the other Trusts throughout Northern Ireland, in determining how they could assist the sustainability of the site.

Mr Smyth referred to recent media coverage about MAH and asked how the staff were coping with the media scrutiny.

Mrs Heaney expressed concern for staff given the continual media scrutiny and arrangements were in place to support them; there had been an increase in staff absences.

Mrs McKeagney provided positive feedback having recently attended a Good Relations event on the MAH involving patients, carers and staff. She sought clarification regarding reference in the report to the delay in procuring a server to support the historical CCTV viewing.

Ms Stoops advised when the PSNI returned the Trusts hard drives they no longer worked and it had taken time to source and procure a server similar to that used by the PSNI. She further advised that a further server needed to be procured in relation to the historical viewing.

Mr McNaney referred to Dr Flynn's recommendation that MAH should close, which had since been endorsed by the DoH and emphasised the impact this had on the Carer Community. He advised that he would be welcome the opportunity to meet with Mrs Aaroy to discuss what needed to be done to support carers.

Mr McNaney sought assurance that all work would be completed within the RQIA timescales to have the Improvement Notices lifted.

Mr Dillon advised that the Trust was committed to progressing the action plans to ensure the Improvement Notices are lifted. He advised that the Trust had recently met with RQIA to review progress against the action plans and ensure there were no gaps. In relation to safeguarding, Mr Dillon advised that the Trust was and continues to adhere to the regional policy, which was subject to review by the DoH.

Mr McNaney emphasised the importance of having the RQIA Improvement Notices lifted.

Mr Dillon referred to a recent meeting of the DoH Muckamore Departmental Assurance Group and advised that the draft Terms of Reference (ToR) for the Leadership and Governance Review had been issued for comment. He advised that external agencies had not been included in the review.

Mr McNaney stated that in order for a proper review all external agencies involved in MAH needed to be included. All Non Executive Director colleagues shared this view.

Members also shared Mrs Karp's view that further thought needed to be given to the timing of such a review

Mr Dillon advised the Trust would be advising the DoH to share the draft ToR with the PSNI to ensure there was no impact on their investigation.

In concluding the discussion, Mr McNaney welcomed the new management arrangements and stressed the importance of continued focus on working with partner organisations and families in taking forward patient discharges in appropriate settings.

b. Neurology Review

Members noted the Trust had completed the validation of Cohort 2 discharged patients and passed the database to the HSCB to produce the activity report.

Mrs Owens advised early indications were 19.37% of patients had a change in diagnosis; 4.29% there was an uncertainty as to a change diagnosis; and overall 23.66% diagnosis was not secure. She reported that a meeting had been held with the consultant neurologists from the Independent Sector, who reviewed these patients, and there may be a need to extend the recall of discharged patients.

Mr McNaney asked how many patients an extended recall would involve. Mrs Owens advised this would be a decision for the Regional Co-ordination group and will require an information download to be undertaken to ascertain the number of patients.

Mrs Owens advised a letter of apology was currently being drafted, in conjunction with the MS Society, for issue to patients recalled in Cohorts 1 and 2 and those patients reviewed before the recall.

Members noted the RCP and ABN have indicated they are drafting a proposal in response to the Trust's request for their assessment if the change of diagnosis was as a result of unsatisfactory care for patients' reviews in neurology.

Mr McNaney asked for an update in relation to the publishing of the Outcomes report.

Dr Jack reminded members that the DoH had deferred the publishing of the report in June due to submissions from Dr Watt's legal team to the Trust.

Mrs Karp stated that the public needed to be informed of the outcome of the recall.

Mr Dillon advised that the Permanent Secretary had provided a confidential briefing to MLAs. He also advised the Trust was awaiting reports for the RCP and VERITA and on receipt of these it was hoped the publishing of the report would be able to proceed.

c. IHRD

Mr Dawson advised that the Trust has scheduled a HIRD Stocktake Event for 25 November for staff across the Trust to discuss work and outputs from the IHRD worksteams.

Mr Dawson reported that the Trust has now received QC legal advice relating to the investigation regarding doctors and a further meeting of the Doctors and Dentists in Difficulty Group has been scheduled to consider the issues further.

Mr Dillon advised the Roberts family had requested a further meeting with the Trust.

d. Infected Blood Inquiry

Mrs Leonard advised the last round of this phase of public hearings for the infected and affected will commence on 8 October in London. The Inquiry has published witness lists in advance; a significant number of individuals are giving evidence anonymously. The Trust is aware that 2 individuals from NI are giving evidence on 9 October 2019.

As was the case with the Belfast Hearings the Inquiry is not giving the Trust advance notice of witness statements from those giving evidence at the Inquiry, the Trust is advised that statements are to be published electronically on the website for Core Participants a week in advance - nothing has been published as of 1 October 2019.

Members noted the position.

46/19 Any Other Business

a. ICO – Data Breach – Security

Miss Creaney referred to the Data Breech in the Security Department reported to the ICO. She was pleased to report that the ICO had indicated that they were satisfied with the Trusts management of the case with no recommendations.

Members welcomed the ICO's decision.

b. New Board Apprentice

Mrs Kennedy advised that Mr Rory Saville had been appointed as the new Board Apprentice.

c. EU Exit

Mrs Kennedy provided an update on preparation for EU Exit planning and advised the Business Impact Analysis was currently being reviewed. She advised the Permanent Secretary had written to all Trusts seeking assurance in respect of contingency plans.

Members noted that clarification was awaited in respect of the Sitrep reporting which will form part of the daily morning Control Room calls.

Mrs Edwards pointed out that there would be cost implications.

Following a comment from Mr. McNaney, regarding funding released from the for EU Exit preparation, Mrs Edwards undertook to follow up with the DoH.

d. Industrial Action

Mrs Kennedy advised that the RCN and Unison had indicated they planned to ballot members on industrial action in relation to Northern Ireland pay disparity. The DoH had asked Trust's to put contingency plans in place given the potential for industrial action.

Members expressed concern at the potential impact on workforce given the current challenges in addition to winter pressures.

e. Change in Abortion Law in Northern Ireland

Mr Dawson provided a briefing in respect of the imminent change in the Abortion Law in Northern Ireland on 31 October 2019. He advised the Northern Ireland Office would be issuing guidance on 21 October 2019.

In response to a question from Professor Bradley, Mr Dawson advised the NIO guidance would include guidance for conscientious objection for staff in relation to termination of pregnancy.

Members noted the position.

f. Mrs Moira Mannion, Co-Director

Miss Creaney advised that Mrs Moira Mannion, Co-Director Nursing, would be retiring at the end of October and paid tribute to her leadership and support, particular with Muckamore Abbey Hospital.

Members expressed their best wishes to Mrs Mannion in her retirement.

Belfast Health and Social Care Trust
caring supporting improving together

MUCKAMORE ABBEY HOSPITAL
INTERNAL TASK FORCE

Wednesday 01st May 2019 at 9.00am
Boardroom, Muckamore Abbey Hospital

Minutes

Attendees:

Marie Heaney, Director Adult Social & Primary Care
Mairead Mitchell, Co-Director for Learning Disability Services
Brendan Ingram, Project Manager
Rhoda McBride, Divisional Social Worker
Colin Milliken (Dr), Chair of Division
Aisling Curran, Acting Head of Community
Breige Connery, Service Manager for Hospital Services
Joanna Dougherty, Clinical Director
Brenda Aaroy, Carer Consultant
Sarah Meekin, Head of Psychology Services

Apologies:

1.0	**Welcome and Introduction** Mrs Heaney opened by welcoming everyone and stated that this Senior Management Team meeting will, for a temporary period, replace the Divisional Meetings and will be held weekly 9:30 – 12.00 in the Boardroom, Admin Building at Muckamore Abbey Hospital. She asked members to prioritise this weekly meeting in their diaries.
2.0	**Purpose of Group** The members of this senior team represent the core of the internal 'task force' which is responsible for the implementation of actions identified to ensure the hospital can deliver safe, effective and compassionate care. The approach needs to be similar to the management of a major incident where there is a focus and urgency by a range of senior leaders on a number of key actions.

	This approach has been agreed by the Executive Team. Mrs Heaney stated that she has been released from other responsibilities to provide a Director focus on this, however the other key Directors, Medical, Nursing and HR will also be in attendance at this meeting as required. The priority of this group will be • Hospital Governance • RQIA Actions • Discharge Mrs Heaney acknowledged the significant progress already achieved in the hospital and community.
3.0	**Adult Safeguarding Team** Mrs Heaney highlighted that work has been underway in recent months to separate the work associated with the historical CCTV investigation and the day to day service delivery in the hospital. A new Adult Safeguarding team is in place based on the 5th floor of McKinney House alongside the HR lead and an independent investigation team. This team will manage the interface with the PSNI including the co-ordination of all information requests. They will also lead on the family liaison work with affected families. They will be responsible for ensuring that the remaining CCTV viewing is completed in the shortest possible timeframe given all the current constraints. Mrs Heaney highlighted that the CCTV protocol which required the hospital management team to determine the appropriate protect plan is being amended. It has been recognised that this responsibility presents a significant challenge and burden on the team already responsible for ensuring sufficient staffing every day on the site and also charged with addressing staff morale and well-being. Mrs Heaney is working to engage other Trust's senior staff to undertake this task in the future. Implementation of protection plans will remain the responsibility of the hospital management team.
4.0	**Admissions** Admissions to the hospital have been restricted since August 2018 in an effort to focus the purpose of admissions to short term assessment and treatment. This has been effective however the impact on community and carers is largely unknown. Pressure for admission has increased in recent weeks.

	Out of hours pathways are unclear and have caused significant stress on out of hours consultants and adult mental health beds. A preliminary meeting has been held involving SET and NT Directors and consultants. Pressure has been compounded by the RQIA unannounced inspection highlighting that staffing was, in their view, unsafe in some areas. **ACTIONS:** • Dr Milliken to set up further urgent meeting with NT, SET and Belfast Trust Directors and senior medical representatives from Learning Disability and Mental Health to agree on-call arrangements. Agenda and objectives to be developed. • Dr Milliken and Dr Dougherty to develop a report which captures key data on recent admissions to inform planning. • Brenda Aaroy to look at engaging with families of recent admissions to receive feedback on their experience. The management of admissions is a crucial factor in the management of the hospital and it is essential that all admitting Trusts work collaboratively. This area will be monitored closely.
5.0	**Community Alternatives to Hospital Admission** Staff have been developing a model of home treatment, community crisis beds, and intensive behavioural support for providers. Following discussion it was agreed that Aisling Curran who is leading on this project will present the work to date at the next meeting. **ACTION:** • Aisling Curran Dr Dougherty raised the option of developing acute assessment and treatment beds outside of Muckamore. It is recognised that the accelerated review of assessment and treatment being undertaken by the HSCB is likely to propose smaller ATUs however clarity on the model and how it will be staffed is needed.
6.0	**Delayed Discharge** There are currently 67 patients in the hospital. Plans have been developed for the majority of patients and there appears to be reasonability firm discharge plans for 21 patients over May and June.

	This assertion will be subject to further scrutiny in the coming weeks. Achieving these discharges is critical for the ongoing deployment of staff on site. **ACTION:** • Mrs Heaney and Mrs Mitchell will be undertaking this in the next 2-3 weeks. **East London NHS Foundation Trust** Mrs Heaney informed the group that East London has agreed to be a critical friend to the Trust. The team will visit Muckamore on 16th, 27th, 28th June 2019. This team needs to note these date in their schedules. Areas discussed for their support include: • Restrictive practices • Community models of service delivery • Adult Safeguarding A further teleconference will be scheduled to undertake more detailed planning. **ACTION:** • Mrs Heaney Discussions with Mersey Care are also being taken forward. Aisling Curran highlighted that during a recent visit to Gloucester which was suggested as good practice they did in fact admit that they had not had a discharge in over two years.
7.0	**Registrants** The issue of a minimum of two registrants per ward per shift was discussed although it was acknowledged it is not about the numbers of staff but the quality of care on the wards which is important. It was emphasised that the sisters/CNS must provide daily assurance on staffing. **ACTION:** • Mrs Connery to take this forward.

8.0	**RQIA** There was discussion about RQIA contacting Ardmore regarding staffing levels following a member of staff whistleblowing about a patient moving to PICU. There appears to be misinformation about this incident. Mrs Mitchell provided a factual account of the incident **RQIA QIP** The team discussed in detail the draft QIP. **1. Staffing** (a) Seven additional nurses – Moira Mannion had indicated that 7 registrants would be starting in March 2019. RQIA interpreted this as permanent staff. This caused confusion and raised concerns for RQIA about Trust information however the Trust emphasised this was not intentional. (b) Staffing levels – Cathy Jack has written to RQIA explaining the timeline of the agency staff. Extra Deputy Ward Manager posts Band 6 have gone out as Expression of Interest as well as one Ward Manager post. (c) Behaviour therapists Discussion took place as to the role and recruitment of Behaviour Therapists. Historically these were nursing posts and managed under nursing workforce. Management of these staff are now under psychological services- this reflects the changing behaviour therapy workforce (not solely from nursing backgrounds and the need for a Behaviour therapy Governance structure) There are 4 permanent posts within MAH (3 in post currently and 1 proceeding to retirement and currently on sick) – as an acknowledgement of the need to expand and grow this resource onsite a number of secondment posts were offered as an expression of interest and the nursing staff which took up these posts (n=3/4) were excellent and progressed well in their training. Unfortunately due to staffing shortages their secondment had to be terminated and they returned to their nursing duties. There has been understandable ongoing pressure for all behaviour staff to return to nursing duties. However this poses problems in the service and in recruiting new posts. Staff are being lost as they seek posts elsewhere and the potential that this could be an ongoing pressure in recruitment of new staff will impact on ability to recruit. It was agreed that staff who are permanently recruited to BT posts will not be expected to be returned to nursing duties. However those from nursing backgrounds can be

encouraged to join the nursing bank and help supplement the nursing service in this way. It was acknowledged that the permanent staff often do provide this service.

ACTION:

- Dr Meekin to proceed with new recruitment

(d) Daily Physical Checks of Ward – The staff escalation plan flowchart is to be amended and then shared with staff. Ward Managers need to take responsibility and ownership of their wards i.e. raise gaps, good practice etc.

(e) Work is ongoing with other Trusts to recruit staff to MAH. It was acknowledged that a recent admission from the NT came with staff who knew patient which was beneficial.

2. Physical Health Care Checks

(a) 55 patients have had full physical health checks by acute consultant team. The screening i.e. bowel, breast etc needs to be resolved.

ACTIONS:

- Dr Milliken to request a report on outcomes and issues from Dr Nick Smith who carried out the recent health checks
- Dr Milliken to follow up on patients who were on home leave and not yet had a health check
- Mrs Dougherty to take forward a Pippa pilot in Ardmore as soon as possible.

Monitoring of patients in receipt of anti-psychotic medication – Breige Connery agreed to submit a named nurse.

ACTION:

- Dr Milliken to confirm audit completed.

Staff have indicated that they valued being involved in the health checks and using their other nursing skills, i.e. taking blood pressure.

3. Financial Governance

(a) – (d) – Action: Brendan Ingram will complete these section.

4. Safeguarding Practices

ACTION:

- Rhoda McBride to complete these sections and ensure actions.

MAPA Governance

It was agreed that Learning Disability should be aligned with the Trust Governance MAPA team. Mairead Mitchell confirmed that all MAPA training is up to date both in the hospital and community

ACTION:

- Mairead Mitchell to discuss with Joan Peden, Co-Director and Caroline Parkes, Manager regarding who is responsible for Mapa Governance

Seclusion Policy

The Seclusion policy has been shared with staff and other Trusts with Dr Milliken collating feedback. It was emphasised that this policy needs to be completed and implemented as soon as possible so all feedback needs to be with Colin by the end of May 2019.

ACTIONS:

- Brendan Ingram to draft amendment to the CCTV policy to include contemporaneous viewing
- Brendan Ingram to forward CCTV policy to Lesley to share
- Breige Connery will remind ward staff to share their feedback on Seclusion policy

- Moira Mannion to provide feedback on Seclusion policy from a nursing side
- Joanna Dougherty to enquiry about e-learning module for seclusion training
- Rhoda McBride will provide a list of e-learning modules currently available

Physical Environments

Mrs Mitchell confirmed that PICU, seclusion, pod suites, de-escalation suite, wards etc in relation to lighting, garden areas etc are being looked at.

5. Hospital Governance

(a) Implementation of an evidence based safety measurement

The issue of the range of meetings to be attended by staff was discussed including the need for all meetings and the difficulty in releasing staff to attend and the following was agreed

Safety Briefing meet daily on each ward covers daily issues i.e. patient going out, incidents etc

Safety Pause meet weekly on Wednesdays at 2.00pm to reflect is happening and look forward

Live Governance meet weekly on Thursdays at 2.00pm to reflect and discuss what has happened the past week and learning from this.

Safety Huddles – lack of clarity on the benefit of this

ACTIONS:

- Marie Heaney will discuss with Jennifer Thompson about the possibility of Chris Walsh replacing Fiona Davidson to complete and further develop SITREP

	• Jacqui Austin to look at merging Live Governance and Safety Pause Meetings
9.0	**Communication** The issue of communication was discussed and a monthly newsletter was suggested. Brenda Aaroy said that she was drawing up a newsletter to keep families informed so it was agreed to combine these. **ACTIONS:** • Dr Meekin and Mrs Aaroy to discuss a single newsletter • Mrs Heaney and Mrs Mitchell to discuss the possibility of holding a monthly briefing to all staff
10.0	**Leadership Walk Around** All Senior Managers are encouraged to visit the wards as much as possible as staff have indicated their appreciation of being informed and listened to. **ACTION:** • Safety Quality Walk around forms to be completed for each visit and forwarded to Jacqui Austin
11.0	**Events on Site** The Be Well Fair is organised for 22nd May 2019 with various activities include masseuses and the possibility of reflexology. Events over the summer i.e. barbeque etc are to be arranged. **ACTION:** • Mairead Mitchell to discuss with Caroline McMenamin to draw up a schedule of events over the summer.

BELFAST HEALTH & SOCIAL CARE TRUST

Directors Oversight Meeting re: Muckamore Abbey Hospital

Held on Monday 27th November 2017 at 9:30am

in Committee Room, A Floor, BCH

Present: Dr Cathy Jack, Medical Director/Deputy Chief Executive (Chairperson)
Mr Damian McAlister, Director of Human Resources
Mrs Bronagh Dalzell, Head of Communications
Mr Barney McNeany, Co-Director Mental Health (for Marie Heaney)
Miss Shauna White, Personal Assistant to Marie Heaney (Minute Taking)

Apologies: Mrs Marie Heaney, Director of Adult Social and Primary Care Services
Miss Brenda Creaney, Director of Nursing and User Experience

Dr Cathy Jack explained that today's meeting would be in keeping with the content of the revised oversight arrangements regarding Muckamore Abbey Hospital Adult Safeguarding email.

Item No	
1	**The Joint Agency Investigation under the Joint Protocol with the PSNI** Joint Agency Investigation with the PSNI is ongoing. Barney updated that the PSNI are ready to interview. CCTV was successfully downloaded except one which was thought was an internal issue but will be downloaded again. (17th Feb – court) PSNI content with Belfast Trust's actions to date. Two investigations ongoing, tapes can be viewed for both so not duplicating. Terms of reference need to be agreed, each investigation will have different terms of reference. Inspector McKiernan reported there are no blockages in terms of safeguarding investigation running parallel to PSNI. Rodney Morton has asked how the Belfast Trust are going to manage the social media allegations under Belfast Live post re Muckamore. The allegations are historic and relate back 30-40 years. It was agreed that Mairead Mitchell would look back and ascertain if BHSCT have contact details for these family members and that contact with the respective families would be made via Adult Safeguarding team. Bronagh invited discussion on advertising of Adult Safeguarding and Gateway Team contact details on Belfast Live. It was agreed that Bronagh would add contact details on the Belfast Trust Facebook page.

	Barney reported that there have been new allegations brought to light in relation to the swimming pool in Muckamore dating back to October 2012. The Band 2 staff member informed Barney that he reported this issue previously to his manager (band 3) and co-worker (band 2) and was told to ignore the incident that it was nothing to do with him. Barney stated that Mairead and Rhonda had met with the staff member who reported the allegations and subsequently attended a safeguarding interview with them on Friday. Barney informed the meeting that Rhonda and Mairead had they precautionary suspended the band 3 manager and band 2 co-worker which has resulted in the closure of the swimming pool as no other staff are trained. An ASP1 was completed following allegations and PSNI were informed on Friday. It was acknowledged that RQIA needed to be made aware. Barney to complete the early alert and send Monday 27th November. **Action: No suspension for the band 2 raising concerns as on sick/annual leave and not due back to work until the New Year. Check before returns to work in light of any new evidence. Check if he is sick or on annual leave and if he is well enough to be interviewed, if on sick leave ensure occupational health review before further interviewing.**
2	**Serious Adverse Incident Investigation Level 3** Level 3 Investigation Draft Terms of Reference were discussed and changes made. **Action: Circulate updated Terms of Reference**
3	**Disciplinary and Professional Procedures** It was noted that Brenda Creaney has reported staff to NMC. One staff member has been dismissed for an unrelated issue. Other 3 staff members have been placed on precautionary suspension. Cathy and Damian are to meet with 2 staff nurses who were redeployed to Six Mile. Consistency of approach with staff member was reiterated.
4	**Whistleblowing** Lengthy discussed took place in relation to the letter sent from Prof Charlotte McArdle, Chief Nursing Officer in relation to a the anonymous whistleblowing letter. Damian confirmed that the Trust also received the same letter but following review did not raise concerns. Esther Rafferty was on annual leave when letter was received therefore it was agreed to discuss when she returned to work. It was acknowledged that there was significant concerns from nursing managers that the CCTV was being viewed for unrelated things such as

	wearing cardigan/longer tea breaks etc and Barry Mills has reassured staff that this isn't the case and would only be used if there was an apparent safeguarding concern. Need to review CCTV policy. It was recognised that initially there was a lack of clarity for viewing the CCTV. The Whistleblowing letter was discussed and to understand the context it would be useful to have background information. **Actions:** **1. Shauna to gather any previous information in respect of Senior Nurse Manager.** **2. To Review CCTV Policy**
5	**Family Contact** Barney reported that Mairead Mitchell confirmed that all relatives have been contacted and informed of the Adult Safeguarding Investigation. Barney stated that any patients from Friday's allegations have yet to be contacted.
6	**CCTV and Department of Health Meeting** Department of health want 100% cctv footage viewed. Would need two people to view this, one member being external to learning disability. **Actions:** **1. Shauna to check external identified lead has been established.** **2. Barney to ask Mairead to provide an update in relation to the action plan to Cathy/Damian on 28th November Director Meeting at Muckamore Abbey Hospital.** **3. Barney to complete Early Alert and forward to relevant departments.** **4. Shauna to email Cathy the initial letter received from Prof Charlotte McArdle, CNO**
7	**AOB** Cathy Jack and Damian McAlister to attend Muckamore tomorrow 28th Nov 2017. Mrs Dalzell will struggle to attend Director Oversight meeting at 5pm on Mondays, as will Dr Jack.

Date:	Information W/E Sunday 16/06/2019 with sign-off Friday 21/06/19.
Lead:	Dr Colin Milliken
Email:	colin.milliken@belfasttrust.hscni.net
Tel:	02895046489
Alternative contact:	Marie Heaney
Email:	Marieb.heaney@belfasttrust.hscni.net
Tel:	02895046489

Weekly Report Number - 16

1) Key Patient Activity Issues

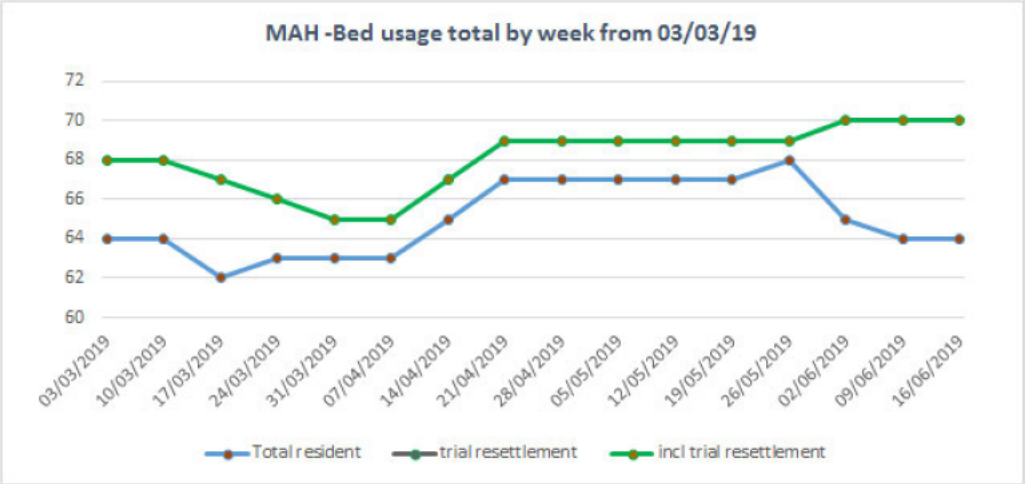
1.1 In-Patient numbers: Week Ended 16/06/19

There were no admissions or discharges during the period. Total in residence remains the same.

Table below shows trend by ward over 16 weeks

		Bed usage at week ending															
Bed Usage	Bed capacity	03/03/2019	10/03/2019	17/03/2019	24/03/2019	31/03/2019	07/04/2019	14/04/2019	21/04/2019	28/04/2019	05/05/2019	12/05/2019	19/05/2019	26/05/2019	02/06/2019	09/06/2019	16/06/2019
Ardmore	17	16	17	16	16	16	16	16	16	16	16	16	16	16	15	15	15
CF1	11	10	10	8	9	9	9	11	12	12	12	12	12	12	11	10	10
CF2	14	15	14	15	15	15	15	15	15	15	15	15	15	15	14	14	14
Erne	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
SixM A	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
SixM T	10	9	9	9	9	9	9	9	10	10	10	10	10	11	11	11	11
CF PICU																	
Total resident	66	64	64	62	63	63	63	65	67	67	67	67	67	68	65	64	64
trial resettlement		4	4	5	3	2	2	2	2	2	2	2	2	1	5	6	6
incl trial resettlement	66	68	68	67	66	65	65	67	69	69	69	69	69	69	70	70	70

The graph below displays in-patient numbers over the past 15 weeks.



- Cranfield PICU remains temporarily closed (though seclusion facilities can be accessed in an exceptional and clinically necessary circumstance).
- Dr Dougherty (Clinical Director) has commenced regular meetings with Trusts focusing on discharge plans and progress made- with extant timescales. Anonomised data from these meetings could be shared, as felt appropriate.

1.2. Adult Mental Health Beds (AMH) – Admission & Discharge Profile (BHSCT Patients ONLY):

- No admissions
- One discharge – see below
- 1 x on-going in-patient episode - see below.

Admissions & Dicharges - AMH Wards - w/e 16/06/19					
Patient	Adm Date	Disc Date	Ward	Status	Length of Stay
1	10/03/2019	-	Ward K	Voluntary	105
2	05/06/2019	13/06/2019	Rathlin	Voluntary	8 days

No admissions to adult mental health in BHSCT during this reporting period.

No admissions to SEHSCT- that Trust currently declining to admit patients with intellectual disability to adult mental health beds.

No admissions to adult mental health in NHSCT during this reporting period.

1.3. MAH and Ward Occupancy

The table below displays in-patient bed occupancy over the past 15 weeks*.

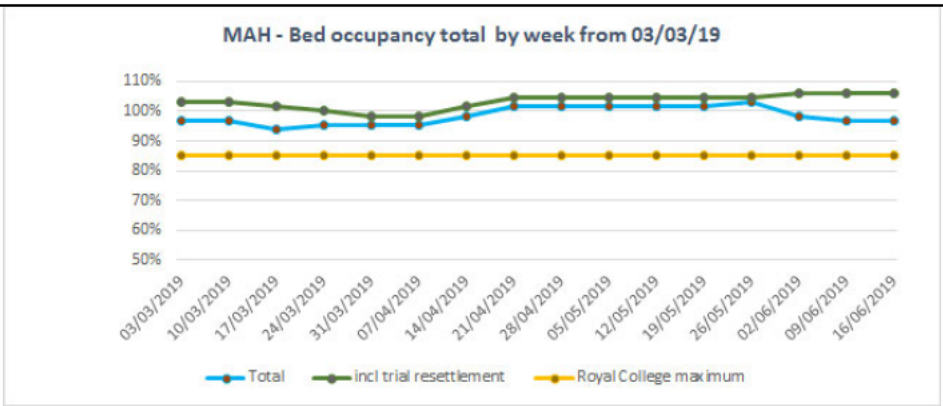
		Occupancy at week ending															
Bed Occupancy	Bed capacity	03/03/2019	10/03/2019	17/03/2019	24/03/2019	31/03/2019	07/04/2019	14/04/2019	21/04/2019	28/04/2019	05/05/2019	12/05/2019	19/05/2019	26/05/2019	02/06/2019	09/06/2019	16/06/2019
Ardmore	17	94%	100%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	94%	88%	88%	88%
CF1	11	91%	91%	73%	82%	82%	82%	100%	109%	109%	109%	109%	109%	109%	100%	91%	91%
CF2	14	107%	100%	107%	107%	107%	107%	107%	107%	107%	107%	107%	107%	107%	100%	100%	100%
Erne	9	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
SixM A	5	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
SixM T	10	90%	90%	90%	90%	90%	90%	90%	100%	100%	100%	100%	100%	110%	110%	110%	110%
CF PICU																	
Total	66	97%	97%	94%	95%	95%	95%	98%	102%	102%	102%	102%	102%	103%	98%	97%	97%
incl trial resettlement	66	103%	103%	102%	100%	98%	98%	102%	105%	105%	105%	105%	105%	105%	106%	106%	106%
Royal College maximum		85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%	85%

Please note: *The Royal College of Psychiatry recommended bed occupancy figure is **85%**[1].*

**Occupancy over 100% is highlighted in amber*

The graph below shows the occupancy trend over the last 16 weeks

[1] 85% occupancy of an 85-bedded hospital site = 72 beds occupied with patients.
OR 85% of a 66-bedded hospital site = 56 beds occupied.



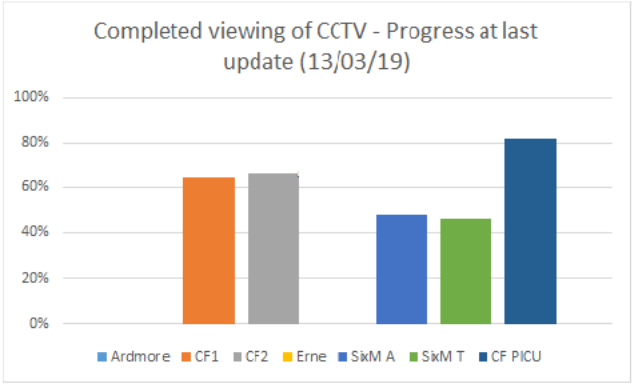
Updated figures re those in active assessment and treatment, and those whose need for hospital treatment is complete, have been reviewed in light of Dr Dougherty's meetings mentioned above.

Excluding Sixmile (Regional Forensic Unit-currently 16 patients), 4 patients are judged to be in ongoing assessment and treatment.

(2) Historic safeguarding issues

2.1 Figures for completed viewing of historic CCTV at the point when handed to PSNI- by ward. (figures / text provided by medical directorate, 13/03/2019). **No further update available.**

PICU- 82%
Cranfield 1- 64%
Cranfield 2- 66%
Sixmile Assessment- 48%
Sixmile Treatment- 46%



(3) Current Safeguarding Referrals

3.1. Current ASG 'Patient on Patient' incidents W/E 02/06/19 **2 x ASP1** referrals made from wards to the hospital social work team for Adult Safeguarding in MAH[2].

[2] NB: any further incidents occurring in the period are still at the screening stage with ward sisters.

W/E 16/06/19				
Ward	**ASP 1**	**Type**	**No. of Victims**	**No. of Alleged Perpetrators**
Cranfield 1	1	Physical	1	1
Ardmore	1	Physical	1	1
Total	**2**		**2**	**2**

3.2.1. This weeks' **2 x ASP1** referrals summarised at 3.2. are further analysed by date and victim involved with the outcome, (if known at this time).

Outcome Key = **ASGR(PP)** – Alternative Safeguarding Response (Protection Plan) or **A & A DAPO** = Accepted and allocated by the designated adult protection officer also with protection plan.

16/06/2019									
Location	Victim	Date	Time	ASP1	DAPO	Outcome	Type	Referral Status	Protocol
Ardmore	1	10/06/2019	07.30am	+1 day	+3 day	ASGR(PP)	Physical	Closed	
CF 1	2	11/06/2019	09.20am	same day	+1 day	ASGR(PP)	Physical	Closed	

**Colour coded incidents involve the same 2 victims and alleged perpetrators*

3.2.2 Current ASG 'Staff on Patient' Referral break down – ASP1 referrals in this period.

16/06/2019									
Location	Victim	Date	Time	ASP1	DAPO	Outcome	Type	eferral Stati	Protocol
Erne	1	13/06/2019	-	+1 day	yes	ASGR(PP)	Physical	not entered	

(4) Weekly governance review including - incidents, seclusion, complaints, risk register, ongoing CCTV monitoring.

4.1a DATIX INCIDENTS[3] = Week ended 09/06/19 as approved @ 12/06/19 total of 69 incidents were recorded, of which 32 incidents across all wards / areas remain unapproved including 7 of 9 from Cranfield 1. **Eight unapproved incidents remain unapproved at 20th June** and the remaining 59 were approved. There were no further moderate plus incidents approved since Report 15.

4.1b Week ended 16/06/19 as approved @ 12/06/19 total of 78 incidents were recorded, of which 27 incidents across all wards / areas remain unapproved

The following table shows approval status by ward / location of incident

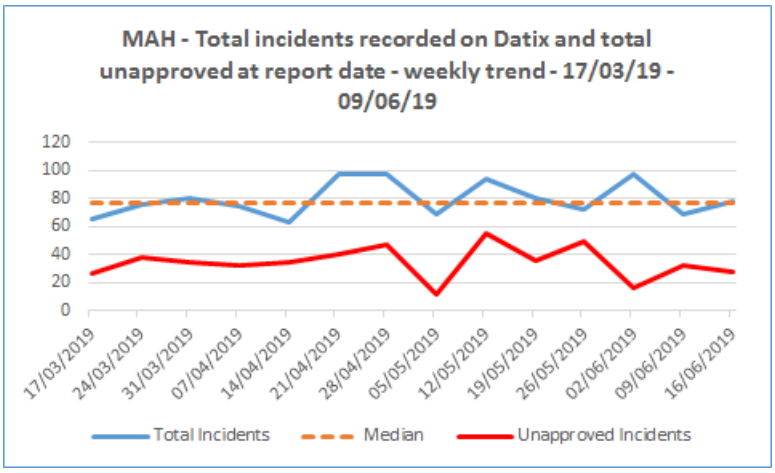
Incidents by location 10/06/19 - 16/06/19 - approval status at 20/06/19	Ardmore	CF2	CF1	Erne	Public Areas	Moyola Day Care	Road	Sixmile A	Sixmile T	Total
In holding area, awaiting review	0	0	0	0	0	0	0	0	0	27
Awaiting final approval	0	0	1	0	0	0	0	2	0	3
Final approval	17	1	13	2	4	1	2	4	4	48
Totals:	17	1	14	2	4	1	2	6	4	78

[3] New datix categories came into effect (regionally) for use from 01/04/19.

In rank order, the ward / areas with the highest incidents rate per 1000 beddays in this period are Sixmile Assessment, Ardmore and Cranfield 2, and for this reporting period. Please note that the wards with fewest beds will tend to have a higher relative volatility in incident rate week by week

Ward	Incidents	Occ. Beds	Beddays	Rate per Bedday	Rate per 1000 Beddays	Ranking
Ardmore	17	15	105	0.16	**162**	2
Cranfield 2	14	14	98	0.14	**143**	3
Erne 1	2	9	63	0.03	**32**	5
Six Mile Assessment	6	5	35	0.17	**171**	1
Cranfield 1	1	10	70	0.01	**14**	6
Six Mile Treatment	4	11	77	0.05	**52**	4
Moyola Day Centre	1					
Public / General Areas	6					
Total	**51**					

The chart below displays total incident numbers recorded on datix over the last 16 weeks.



Only the 51'approved' incidents can be further categorised by **those involved in the incident, its severity and the category or type of incident.** (The **27 incidents** unapproved cannot be included).

a) **Those involved –** this week 49% of approved incidents involved patients, 49% staff[4]

[4] Changes to regional datix coding mean that staff and visitors are now in a combined category.

Incidents by type 10/06/19 - 16/06/19 (app 20/06/19)	Patient Incident	Staff/ Contractor/ Vendor Incident	Public/Relative /Visitor Incident	Total
Physical contact (actual assault)	9	15	1	25
Psychological abuse (bullying and harassment)	1	0	0	1
Physical threat (No contact)	1	9	0	10
Other self harming behaviour	2	0	0	2
Actual self harm	3	0	0	3
Absconded/left without informing staff	2	0	0	2
Failed to return from authorized leave	1	0	0	1
Possession of drugs	1	0	0	1
Stubborn/uncooperative physical Behaviour	2	0	0	2
Standing up/sitting down	1	0	0	1
Involving furnishings	1	0	0	1
Movement to/from Chair	1	0	0	1
Verbal Abuse	0	1	0	1
Totals:	25	25	1	51
	49%	49%	2%	

b) Severity - the classification of the 51 approved incidents is 53% minor, 45% Insignificant and 2% moderate (a physical assault in General area).

Incidents by Severity 10/06/19-16/06/19 (approved at 20/06/19)	Insignificant	Minor	Moderate	Major	Catastrophic	lank on for	Total
Ardmore	**8**	**9**	**0**	**0**	**0**	**0**	**17**
Physical contact (actual assault)	1	6	0	0	0	0	7
Psychological abuse (bullying and ha	1	0	0	0	0	0	1
Actual self harm	0	1	0	0	0	0	1
Stubborn/uncooperative physical Behaviour	1	0	0	0	0	0	1
Standing up/sitting down	0	1	0	0	0	0	1
Movement to/from Chair	1	0	0	0	0	0	1
Verbal Abuse	1	0	0	0	0	0	1
Physical threat (no contact)	3	1	0	0	0	0	4
Cranfield 2	**0**	**1**	**0**	**0**	**0**	**0**	**1**
Physical contact (actual assault)	0	1	0	0	0	0	1
Cranfield 1	**7**	**7**	**0**	**0**	**0**	**0**	**14**
Physical contact (actual assault)	5	4	0	0	0	0	9
Other self harming behaviour	0	2	0	0	0	0	2
Actual self harm	1	1	0	0	0	0	2
Physical threat (no contact)	1	0	0	0	0	0	1
Erne	**0**	**2**	**0**	**0**	**0**	**0**	**2**
Physical contact (actual assault)	0	1	0	0	0	0	1
Stubborn/uncooperative physical Behaviour	0	1	0	0	0	0	1
General walkways, grounds etc	**1**	**2**	**1**	**0**	**0**	**0**	**4**
Physical contact (actual assault)	1	2	1	0	0	0	2
Moyola Day Care	**1**	**0**	**0**	**0**	**0**	**0**	**1**
Involving furnishings	1	0	0	0	0	0	1
Road	**2**	**0**	**0**	**0**	**0**	**0**	**2**
Absconded/left without informing staff	2	0	0	0	0	0	2
Sixmile Assessment	**5**	**1**	**0**	**0**	**0**	**0**	**6**
Physical threat (No contact)	2	1	0	0	0	0	3
Physical contact (actual assault)	3	0	0	0	0	0	3
Sixmile Treatment	**3**	**1**	**0**	**0**	**0**	**0**	**4**
Failed to return from authorized leave	1	0	0	0	0	0	1
Possession of drugs	0	1	0	0	0	0	1
Physical threat (no contact)	2	0	0	0	0	0	2
Totals:	**27**	**23**	**1**	**0**	**0**	**0**	**51**
Percentage by category	**53%**	**45%**	**2%**				

One incident currently approved is graded in the moderate or higher categories

c) **Type / Category** – '**Inappropriate or aggressive behaviour towards staff by a patient'** incident rate is the highest sub-category this week at 49% of the weeks'

incidents overall[5]. **'Inappropriate or aggressive behaviour by a patient towards a patient' or 'object' is** 22%[6] of approved incidents.

Incidents by Location 10/06/19 - 16/06/19 (app. 20/06/19)	Ardmore	Cran-field 2	Cran-field 1	Erne	Public Area e.g. Public Toilet, Reception, Shop	Moyola Day Care	Road	Sixmile Assess-ment	Sixmile Treat-ment	Total	
Inappropriate/Aggressive Behaviour towards a Patient by a Patient	**4**	**0**	**3**	**1**	**2**	**0**	**0**	**1**	**0**	**11**	22%
Physical contact (actual assault)	3	0	3	1	2	0	0	0	0	9	
Psychological abuse (bullying and harassment)	1	0	0	0	0	0	0	0	0	1	
Physical threat (No contact)	0	0	0	0	0	0	0	1	0	1	
Self-harming Behaviour	**1**	**0**	**4**	**0**	**0**	**0**	**0**	**0**	**0**	**5**	10%
Other self harming behaviour	0	0	2	0	0	0	0	0	0	2	
Actual self harm	1	0	2	0	0	0	0	0	0	3	
Missing Patient (absconded/abducted patient)	**0**	**0**	**0**	**0**	**0**	**0**	**2**	**0**	**1**	**3**	6%
Absconded/left without informing staff	0	0	0	0	0	0	2	0	0	2	
Failed to return from authorized leave	0	0	0	0	0	0	0	0	1	1	
Use/Possession of Prohibited/Stolen Goods	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	**1**	2%
Possession of drugs	0	0	0	0	0	0	0	0	1	1	
Uncooperative/Stubborn patient Behaviour	**1**	**0**	**0**	**1**	**0**	**0**	**0**	**0**	**0**	**2**	4%
Stubborn/uncooperative physical Behaviour	1	0	0	1	0	0	0	0	0	2	
Witnessed Slips/Trips/Falls (includes faints)	**2**	**0**	**0**	**0**	**0**	**1**	**0**	**0**	**0**	**3**	6%
Standing up/sitting down	1	0	0	0	0	0	0	0	0	1	
Involving furnishings	0	0	0	0	0	1	0	0	0	1	
Movement to/from Chair	1	0	0	0	0	0	0	0	0	1	
Inappropriate/Aggressive Behaviour towards Staff by a Patient	**8**	**1**	**7**	**0**	**2**	**0**	**0**	**5**	**2**	**25**	49%
Verbal Abuse	1	0	0	0	0	0	0	0	0	1	
Physical contact (actual assault)	3	1	6	0	2	0	0	3	0	15	
Physical threat (no contact)	4	0	1	0	0	0	0	2	2	9	
Inappropriate/Aggressive Behaviour towards Visitor by a Patient	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1**	2%
Physical contact (actual assault)	1	0	0	0	0	0	0	0	0	1	
Totals:	**17**	**1**	**14**	**2**	**4**	**1**	**2**	**6**	**4**	**51**	

4.2 Incidents of Physical Intervention (PI)

Of the 51 approved datix-recorded incidents at 4.1 above, 45%[7] required physical intervention.

Use of Physical Intervention 10/06/19 - 16/06/19 (app 20/06/19)	NO - None used	YES - Holding only	YES - Dis-engagement only	YES - Dis-engagement and Holding	Total
Ardmore	10	7	0	0	17
Cranfield 1)	6	6	1	1	14
Cranfield 2	1	0	0	0	1
Erne	2	0	0	0	2
General walkways, grounds etc	2	2	0	0	4
Moyola Day Care	1	0	0	0	1
Road	0	2	0	0	2
Sixmile Assessment	2	4	0	0	6
Sixmile Treatment	4	0	0	0	4
Total	28	21	1	1	51
	55%	**41%**	**2%**	**2%**	

4.3. Use of Rapid Tranquilisation during PI[8].

[5] 78% in previous SITrep
[6] 11% previous SITrep
[7] 67% previous SITrep
[8] 1 in previous week SITrep

0 use of rapid tranquilisation reported for this period in approved incidents

4.4 Use of Prone Restraint - for the period 10/06/2019 to 16/06/2019.

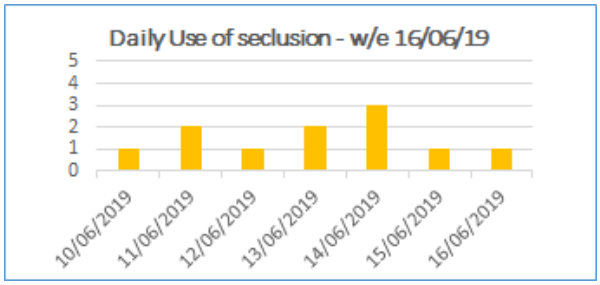
- 0 use of prone restraint reported for this period in approved incidents.

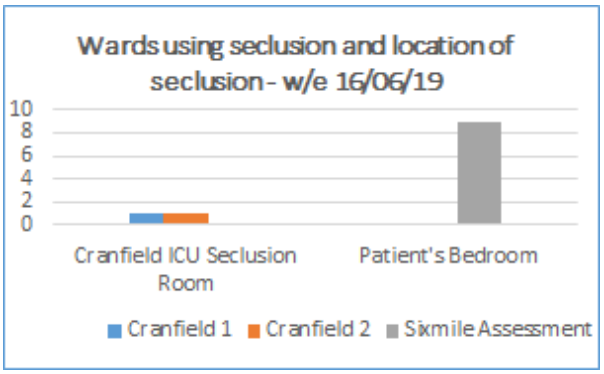
4.5 Medication Incidents - for the period 10/06/2019 to 16/06/2019.

- No medication incidents were recorded during this reporting period.

4.6 Seclusion was utilised on **11 occasions** in the period, in the management of **3 patients**. **Use of the seclusion room in the period = 2 - the shortest seclusion duration was 30 mins and the longest 3 hrs 36 mins.**

The two charts below show the number of instances per day of the week and the wards, which utilised seclusion as part of their management of patients. Monday 27th May saw the highest no. of uses of seclusion (3), for patient management across 3 wards.

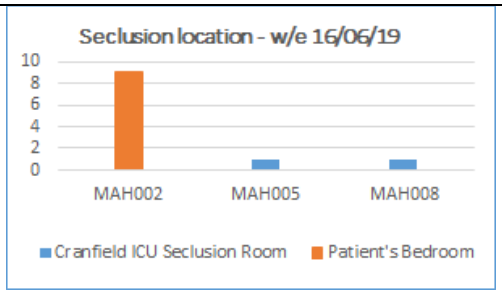


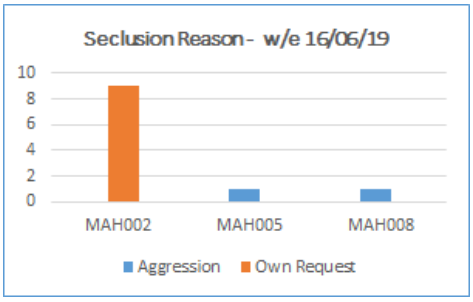


The table below details within a 5 or 6 hour time period the number of seclusion episodes that ended. No episode ended later than 17.10pm – see table. The earliest episode started at 6.30am. This week incidences of seclusion in the morning period were the same as the previous week.

16/06/2019				
Time Seclusion Ended	7am - 12noon	12 noon - 5pm	5pm - 11 pm	**Total**
No. of Seclusions	9	0	2	11

The next two charts give a further breakdown of the 11 incidences, detailing the seclusion location used with each of the 3 patients and the reason documented for seclusion.





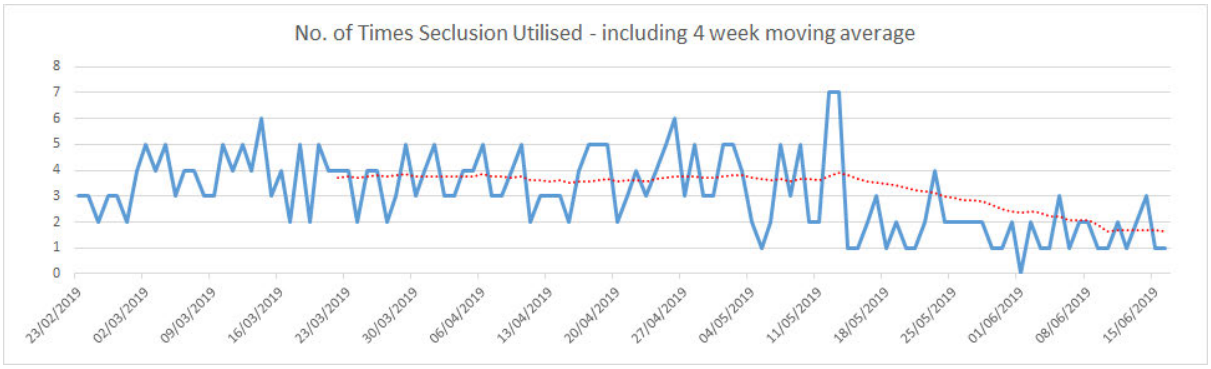
In terms of the length of time seclusion was utilised, the table below details for each patient the length of time seclusion lasted on each occasion by time band.

16/06/2019

Pt. ID.	<30mins	30 mins - 1 hr	1 - 2 Hrs	2 - 3 Hrs	3 - 4 Hrs	> 4 Hours	Total
MAH002	0	1	7	1	0	0	**9**
MAH005	0	0	0	0	1	0	**1**
MAH008	0	1	0	0	0	0	**1**
Total	**0**	**2**	**7**	**1**	**1**	**0**	**11**

Average seclusion time was 1 hour 45 minutes for the period

<u>Seclusion trend</u>



Average daily seclusions had remained in the range 3.5 - 4 since February, however in the last month there has been a steady drop in the 4-week average to just under 2 seclusions per day.

Seclusions – Compliance with Observations guidelines

Summary compliance table – trend graph to follow when multiple weeks gathered.

Seclusion Observation compliance - w/e 16/06/19				
Total seclusions	15 min obs	4 hr medical assess	Compliant ?	Issue
8	√	NA	Yes	None
1	x	NA	No	20 min obs x1 - 5 min obs x 1
1	x	NA	No	20 min obs x1 - 5 min obs x 1
1	x	NA	No	No seclusion Care Plan - no details in progress notes - location Seclusion Room - duration 40 mins
11	8	NA		3

The need for clear adherence to the seclusion policy on each occasion has been discussed at senior level with ward managers. For ongoing reporting.

4.8 Complaints: 1 x complaints received for MAH week 10/06/19 to the 16/06/19. Complaint from a legal representative re attitude and conduct of staff. Investigator assigned and report due 10/7/19.

4.9. Risk Register Position – March 2019 - No Update

Liklihood / Consequence	MAJOR	MINOR	MODER	Grand Total
ALCERT	1	1	1	3
LIKELY	2		2	4
Grand Total	**3**	**1**	**3**	**7**

The 3 major risks on the register relate to staffing levels, bed availability for admission and CCTV viewing.

4.10. CCTV Viewing – Good Practice – w/e 16/06/19

Ward	Areas Of Concern	Areas for Improvement	Good Practice
Ardmore	None noted	None noted	Staff engaging well with agitated patient, blow drying their hair and putting coat on, other staff engaging and interacting with rest of patients
Erne	None noted	None noted	Staff supervising patients in apartments and at meal times
Sixmile	None noted	None noted	Staff supervising patient washing their clothes, staff carrying out regular checks to patients rooms regularly
Cranfield 1	None noted	None noted	Staff engaging with patients throughout the afternoon, a number of activities taking place on the ward for patients

Cranfield 2	None noted	None noted	Regular interaction with patients throughout evening, staff ensuring patient who was awake during the night was comfortable, regular checks of bedrooms carried out

(5) Operational response - safety briefings per ward, Safety Quality Visits, issues arising from weekly patient/ carer feedback

5.1. Safety Brief
Ongoing on a daily basis on each ward, using agreed template.

5.2. Safety Quality Visits
There were 4 senior management ward walkabouts this week. This excludes the assistant service manager and the service manager who have daily walkabouts on the wards.

Patient feedback – Patient feedback from Erne Ward gathered by Speech and Language Therapy agreed to be the best way for patients who may not be able to use the feedback terminal or give feedback through patient forums or advocacy. Planning required for Speech and Language therapy to train ward staff to gather talking mats information across the site at regular intervals.

(6) Service continuity and staffing issues, training levels, induction levels of agency, staff engagement and support, scenario training etc.

6.1. Staff Counsellor Sessions – 12 Sessions offered per week. Updated figures required.

58% uptake rate of sessions available for staff in April 2019 (includes dates up to 05/05/19)

W/B	No. of Staff
01/04/2019	7
08/04/2019	7
15/04/2019	8
22/04/2019	6
29/04/2019	7
Total	35

67% uptake rate of sessions available for staff in March 2019

W/B	No. of Staff
04/03/2019	9
11/03/2019	6
18/03/2019	9
25/03/2019	8
Total	32

73% uptake rate of sessions available for staff in February 2019

W/B	No. of Staff
04/02/2019	11
11/02/2019	11
18/02/2019	8
25/02/2019	10
Total	40

6.2 Information from MAH senior nursing office.
This report is in the process of further update, and will be reported in subsequent Sitrep.

All wards have adhered to the minimum of 2 registered nurses per shift each day.

Staffing rosters are reviewed daily by ward sisters and escalated to assistant service manager if concerned.

(7) Emerging issues

1. Currently very limited in ability to admit, but pathway for patients requiring hospital treatment requires review and agreement. Out of hours pathway and community contingency plans particularly challenging when no beds available regionally, and limited or no alternatives available. – Regional meeting on 7th June discussed pathways to admission. A regional bed protocol for LD and regional bed management, including out of hours, was agreed to be necessary. Pathways for patients not felt clinically suitable for admission to adult mental health remain dependent on real and prompt delivery of discharges from hospital.

2. Regional medical workforce planning and delivery requires further discussion, as recent regional protocol agreed by Co Directors regarding ongoing care of those patients being discharged increases caseload of and demands on BHSCT medical staff.

3. Completion of SITrep from June 2019- transfer of completion to Corporate Planning and Performance – for ongoing development of robust business / data support. Further planning required to ensure robust arrangements within the Trust to gather and analyse information required in Sitrep.

4. Chronically high bed occupancy- with recent necessary admissions and limited numbers/ progress with discharge numbers. Focussed meetings to address with each Trust have commenced- for ongoing reporting in Sitrep.
5. Provider development part of forthcoming work with East London Trust. Ongoing and growing onus on statutory services to provide support to providers to avoid readmissions to hospital.

(8) Media and communications – FOIs, media enquiries etc.

As of 21 June 2019:

- 1 FOI response outstanding – SAI Report
- One Departmental query outstanding (staff vacancies) obo Colm Gildernew MLA, overdue (deadline14 June 2019)
- No constituency enquiries outstanding
- No media enquiries outstanding

One action to MLA briefing of 13/2/19 still live (revised seclusion report).

Resettlement filming project in development

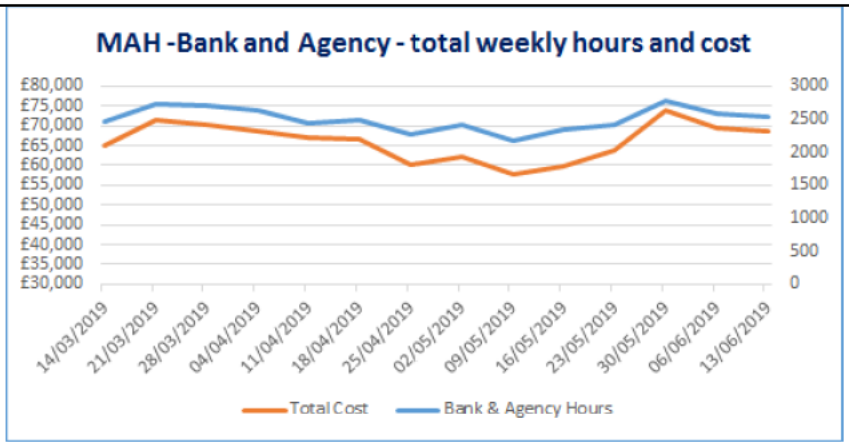
(9) Finance – agency costs etc.

9.1 Bank and Agency Hours for financial week 11 of 2019/20 ended on 13/06/19. Costs are calculated using the average hourly cost.

WEEK 11 ENDING 13.06.19	Bank			Agency		
Ward	Hours	Duties	Cost	Hours	Duties	Cost
MAH Ardmore	252	34	£5,040	285	26	£9,120
MAH Cranfield 1	206	23	£4,120	357	32	£11,424
MAH Cranfield 2	123	16	£2,460	162	15	£5,184
MAH Day Care	10	3	£200	8	1	£256
MAH Donegore	0	0	£0	0	0	£0
MAH Erne 1	174	20	£3,480	318	29	£10,176
MAH Sixmile	302	38	£6,040	346	32	£11,072
General Nursing Office	0	0	£0	0	0	£0
Sub-Total	1067	134	£21,340	1476	135	£47,232
Total Bank & Agency Hours and Cost	2543			£68,572		

Bank hours have decreased by **34** hours this week and agency hours have decreased by **5** hours – a net decrease of **39** hours, with a decrease of **£840** in cost.

Total hours and cost position for the past 14 weeks are summarised below: -



(10) Next Steps/forward look – wider strategy update

- Forthcoming visit and input from East London colleagues from 26-28th June 2019- areas for focus have been agreed - to include advice and discussion re best practice in provider development, development of robust community treatment services and in restrictive intervention/practices.

(11) Other Issues requiring escalation for advice and senior decision making

- Regional meeting on 7th June 2019 agreed extant admission criteria, and agreed the need for a regional LD bed management protocol and regional LD bed management. Issues re Responsible Medical Officer status for patients admitted to adult mental health beds raised by SEHSCT in particular- will require further clarity re governance and resource.
- Partial implementation of Mental Capacity legislation on 1st October 2019- with need to consider timescale, training and resources involved- and implications for Trust staff and patients- both in hospital. and in the community.

11.039

Belfast Health and Social Care Trust
caring supporting improving together

MUCKAMORE ABBEY HOSPITAL
DIRECTORS OVERSIGHT SENIOR CO-ORDINATION GROUP

Tuesday 26th February 2019 at 2pm
Committee Room 1, A Floor, Belfast City Hospital

Minutes

Attendees:

Dr Cathy Jack: Deputy Chief Executive, Belfast Trust (Chair)
Marie Heaney: Director of Adult Social & Primary Care
Brenda Creaney, Executive Director of Nursing
Mairead Mitchell, Co-Director Learning Disability Services
Rhoda McBride, Divisional Social Work Lead, Learning Disability Services
Jacqui Kennedy, HR Director
Monica Molloy, Interim HR Co-Director
Marie Curran, Senior HR Manager
Dr Colin Milliken, Chair of Division, Learning Disability Services
Paul Harron: Corporate Communications
Karen Alexander: Minute Taker

Apologies: Moira Mannion, Deputy Director of Nursing

1.0	**Matters Arising** Mrs Heaney welcomed members to the meeting and informed colleagues that moving forward Dr Cathy Jack would be chairing this group allowing both herself and Mrs Creaney to participate fully in this next critical phase. Dr Jack opened by thanking members for the considerable amount of work that has been undertaken to date under very difficult circumstances. She stated that the Trust understood the gravity of the current situation and so it was within her capacity as Deputy Chief Executive that she was chairing this meeting. Moving forward Dr Jack informed members that she wanted to concentrate on three main streams of work • Is care safe today? • Ongoing investigation and CCTV viewing • Regional work (action plans) Dr Jack acknowledged that there was quite a piece of work around this.

	Members were also informed for noting that an unannounced RQIA inspection of Muckamore Abbey Hospital began today (26/02/2019). The inspection will take place across all wards except Sixmile, and included Pharmacy and Psychiatry. Sign off on this inspection will happen on Friday morning 08:30am.
2.0	**Previous Minutes** Mrs Curran raised a point of note regarding Agenda item iv on the previous minutes. She stated that although Mr Rafferty had declined on sit on this group due to a conflict of interest, it would be prudent to have someone representing staff side. Members agreed that this would be best practice moving forward and Mrs Kennedy agreed to identity a suitable candidate who would represent the union body and not just an individual union. **ACTION: Mrs Kennedy**
3.0	**Key Work Streams** **i) Workforce and Operational Risk Management of Staffing Issues** – *Leads Mrs Mitchell Mrs Mannion and Mrs Molloy* Mrs Mitchell updated members that a template has been collated with data showing staffing levels, record of sickness/maternity, agency workers and vacancies broken down by ward. This is currently being validated by Mrs Mannion and will be shared with this group. Dr Jack requested that this information be tabled at this meeting on a fortnightly basis for information and monitoring. **ACTION: Mrs Mannion/Mrs Mitchell** Mrs Mitchell informed members that they are closely monitoring Cranfield 2 as this ward experiences increased level of staff sickness. She stated that two ward sisters were always on duty on Cranfield 2 due to the complexity of the ward. She explained that Cranfield 2 has 16 beds and had included two complex patients who had moved from ICU when it closed. One of these patients has subsequently been discharged into the community. Mrs Mitchell stated that there were contingency arrangements in place to prevent re-admission of patients including an intensive support team in the community as well as a positive behaviour in the community programme. Mrs Mitchell highlighted the work of Autism Initiatives stating that they were a good example of an organisation that has embraced the culture of positive behaviours. It was noted that since September 2017 inpatients at Muckamore Abbey Hospital had fallen from 92 to 67 with only 2 re-admissions over the 18-

month period. Dr Jack remarked that this was a reflection of the work that is being done to ensure a safe transition of patients into the community.

It was further noted that during the previous 3 months there has been no re-admissions, a significant reduction in admissions and approximately 10 patients discharged.

Dr Milliken raised a concern regarding the patient who had been discharged from Cranfield 2. He stated that DLS LEGAL ADVICE PRIVELGE

LEGAL ADVICE PRIVELGE

ACTION: Dr Milliken, Miss McBride

Mrs Mitchell also gave further context on Cranfield 2 saying that the patients require 1-1 or 2-1 supervision so that puts increased pressure on staffing levels. There is day-care available on the ward which helps keep patients active and provides activity boxes and recreational exercise.

Positive Behaviour Nurses have also been appointed for each ward. These nurses also cross-over on the roster.

Dr Jack requested that updated reports on the use of seclusion and incidents around it be provided. Mrs Mitchell agreed to provide this group with the DATIX sheet analysed by ward every two weeks.

ACTION: Mrs Mitchell, Dr Milliken

Mrs Mitchell assured members that there is daily monitoring of staffing levels on all ward. Assurance was sought and given that current staffing levels within Muckamore Abbey Hospital were safe.

Dr Jack further asked about the contemporaneous viewing of CCTV within Muckamore Abbey Hospital. Mrs Mitchell reported that senior nurse managers had been undertaking this up until October 2018 however due to time constraints with their own workload this had been found to be unmanageable. Two of the Historical CCTV viewers have now undertaken this and they view the previous day's footage and look at full shifts including night shifts. This means that every ward has a sample of footage viewed every week. No-one is aware of which shifts will be viewed, or which day the viewers will look at.

Mrs Heaney stated that since October 2018 the viewing of footage has been used for assurance purposes.

Dr Jack raised a query on whether staff should be informed that contemporaneous viewing is ongoing. It was noted that there are signs

bringing attention to the use of CCTV in the building, but agreed by members that the Trust need to develop a more robust policy on the use of CCTV. The development of this should take into consideration implications of not informing staff of contemporaneous viewing and if that may jeopardise future investigations.

ACTION: Mrs Heaney, Mrs Mitchell, Mrs Kennedy

Dr Jack raised the issue of how the data was collected, analysed and presented. Mrs Heaney informed the group that she has spoken with Jennifer Thompson about recruitment around data management. It was noted that this was an issue that needed addressed quickly and Dr Jack agreed to discuss this further with Ms Thompson.

ACTION: Dr Jack

ii) Monitoring Of The Completion Of The Historical CCTV Footage – *Lead Mrs Mitchell*

Mrs Heaney updated members that there will be a new team in Adult Safeguarding and MAPA recruited comprising of two 8as and two 8bs which will help with the timeliness of the process.

She further stated that as of 08th February 2019 the CCTV footage was with the PSNI and moving forward the viewing of this footage would happen at Seapark.

Brendan Ingram has done a significant piece of work around the CCTV footage already viewed. This is estimated to be 80%. It was noted that a small number of nightshifts have still to be viewed in PICU

Dr Jack requested breakdown of the CCTV footage that has been viewed to date by ward and shifts.

ACTION: Mrs Heaney

Ms McBride updated members that there were 158 incident sheets across the additional 4 wards which require priority viewing. 38 of these incidents have been categorised as Urgent and 57 category A. It was agreed that that the 38 urgent incidents were a priority and the importance of access to the footage needed to be formally captured when meeting with PSNI. It was not clear if this would be immediately flagged if there was a clear incident of unacceptable behaviour.

ACTION: Mrs Heaney, Ms McBride

Dr Jack inquired how long it took to view each incident. Ms McBride stated that the time scale was dependant on the type of incident. A minor behavioural conduct misdemeanour can be screened out very quickly however the incidents that meet the threshold of the PSNI can take time as

it entails screen captures and reporting. It was noted that once PSNI gave access to the footage the process of viewing the urgent incidents should be completed within 2 weeks.

Mrs McBride updated members that there are over 20 people involved in the viewing process but there were time constraints due to the shortfall in expert DAPO and MAPA colleagues.

Mrs Heaney informed members that a joint policy around screening is being developed with the PSNI now that the footage has been moved to PSNI facilities.

Dr Jack requested that the Historical CCTV viewing process be shared.

ACTION: Mrs Heaney, Mrs McBride

It was noted that the PPS will be on the Muckamore Abbey Hospital site on Friday 01st March to view ICU.

iii) Senior Liaison with PSNI Regarding Adult Safeguarding Investigation – *Leads Mrs Heaney and Mrs McBride*

Mrs Heaney updated members that the PSNI have requested a significant amount of information which has been mostly fulfilled.

Mrs Molloy raised a concern that the PSNI had requested the complete records of individuals which in some instances include disciplinary records which were spent. The concern is that this may be challenged under Data Protection laws.

Members acknowledged that the PSNI have legal authority and that their standard and approach is entirely different from what employment law states. It was noted that Form 81s had been completed and submitted by PSNI however it was agreed that further legal advice was required on this.

ACTION: Mrs Kennedy

Mrs McBride informed members that she holds a database which records information requests and if a Form 81 hasn't been received she highlights this with PSNI.

PSNI have requested to meet with HR on Friday 01st February

iv) Disciplinary Process – *Lead Mrs Molloy*

Mrs Kennedy tabled a spreadsheet on the Disciplinary Investigation Process giving oversight on the task, status and timeframe.

She updated members that the process has begun to secure panel members. These will comprise of 4 people for 2 panels. These individuals will require to be

- Skilled and experienced in the investigation process
- Experienced in collating information for reporting purposes
- Be immediately available
- Commit to 3 days per week

A list of candidates will be available close of play Friday 01st March. If these candidates meet the criteria stated above it is hoped the panel will be in place the first week of March.

HR colleagues gave assurances that training can be moved on quickly with a view for the panel members to be in place and ready to go when the PSNI begin their interviews.

ACTION: Mrs Kennedy, Mrs Heaney

v) Implementation Of SAI Recommendations – *Lead TBC*

Mrs Heaney updated members that the SAI recommendation action plan had been populated and implementation had begun.

She stated that an urgent piece of this was a local interim policy on seclusion as the currently policy is not fit for purpose.

Mr Milliken informed members that he had been in talks with the Royal College of Psychology regarding developing a new seclusion policy however members agreed that this was a matter of urgency and the Trust could not wait for this to be developed Regionally.

Mr Harron reminded members that at the MLA Briefing held on 13th February the Trust had committed to share an updated seclusion policy.

Dr Jack agreed that we could not wait and requested that a draft updated policy be tabled at the next meeting.

ACTION: Mr Milliken

vi) Carer Engagement – *Lead Mrs Heaney and Mrs Mitchell*

Mrs Heaney updated members that this took place on 18th February 2019 and that notes on this evening were currently being drafted. These notes will be shared with members.

ACTION: Mrs Heaney

It was noted that a new advocacy model for inpatients in Muckamore Abbey Hospital was being implemented and the old team has been given notice.

Moving forward it was decided that the patient database for communication purposes should include previous patients. As the SAI gave a recommendation to 2012 it was agreed that details of patients from that date should be included in the database. It was noted however that the data would require to be collated and 'cleansed' to ensure accuracy. Mrs Mitchell agreed to discuss this with Medical Records.

ACTION: Mrs Mitchell

vii) **Safety Quality And Improvement at Muckamore Abbey Hospital** – – *Lead Mr Milliken*

Mr Milliken shared with members that Chris Hagan has provided a draft framework containing measuring and monitoring metrics for Muckamore Abbey Hospital and there is a large piece of work around 'is care safe today'.

Mrs Mitchell informed members that RQIA had been invited to join the live governance meetings.

viii) Impact Of Incidents On Patients – *Mr Milliken, Mrs Mitchell*

Mr Milliken updated members that there is ongoing post traumatic work with the inpatients of Muckamore Abbey Hospital. It was acknowledged however that some patients may have experienced trauma but are not able to express it so members agreed that other avenues should be explored.

An example was given of Barnardos use of art therapy with young children to help them communicate.

Mrs Creaney noted that a recognised change in behavioural presentation could suggest the individual has been effected by the incidents. Members were assured that all staff teams based at Muckamore were aware to look for behavioural changes and to date nothing significant had presented.

It was noted that during the Winterbourne Investigation alternative methods had not been explored however Dr Jack stated that we must be pro-active

	in this and should consult with other Trusts and outside organisations on the best methods to pursue. **ACTION: Mr Milliken** **ix) Communication Strategy**– *Lead Dr Harron* Dr Harron highlighted the interview that the Chief Executive gave to BBC on Monday 18th February and stated that the feedback from this had been positive. Dr Harron also stated that there had been a number of actions from the MLA briefing which are required to be followed up including: • Minutes from the briefing • Term of Reference for the Leadership and Governance Review • Draft seclusion policy • Monthly reports Mrs Heaney informed members that the minutes from the MLA briefing were drafted and would be shared with this group. **ACTION: Mrs Heaney** Dr Harron had stated that there needed to be a wider discussion with the Department of Health surrounding communications with MLAs and the families/carers. Dr Harron also suggested that the monthly briefing to the families/carers and MLAs should tie-in together. Members were informed that Margaret Flynn has drafted an article for the Irish News which would provide an alternative counter to the current negative media however it was noted that this need further thought and the Department of Health would need to be consulted before publication. **ACTION: Dr Harron**
4	**Regional Directors and AD Group** Mrs Heaney updated members she is meeting with Marie Roulston who chairs the Regional Directors and AD Group. Mrs Mitchell also informed members that there are now plans in place for the discharge of the majority of patients in Muckamore Abbey Hospital. She stated that there are 25 places in new facilities for supported living over Belfast, South Eastern and Northern Trusts and that a meeting was scheduled on 13th March at Downshire with all the service providers that the Trusts would collectively engage with.

	Mrs Heaney stated that there would be significant financial costs involved to strengthen community teams, sustain and prevent re-admission, increase placements and supported living accommodation as well as total wrap-around services. Mrs Mitchell informed members that the advertisement for staff within Cherryhill had good response and that a recruitment day was being held for those who were shortlisted. It was noted that due to the need to move swiftly on this it would be beneficial that BSO attended this recruitment day to help expedite the process. Mrs Kennedy agreed to liaise with BSO on this matter. **ACTION: Mrs Kennedy**
5	**AOB** **Impact Of Incidents On Staff** Mrs Mitchell updated members that staff had on-going access to Occupational Health and psychology services. She stated that she has increased the days that a counsellor is available on site so that staff can now access this service six days a week. There are also a number of focus groups planned with Philip Boyle Health and Safety leading this piece of work. Mrs Heaney also suggested that there needed to a wider menu of support and services available to staff which may be outside the norm including alternative therapies, reflective practice and gym membership. Members were informed that Aisling Diamond had a keen interest in this area and Mrs Heaney agreed to approach Ms Diamond on this. **ACTION: Mrs Heaney** Mrs Heaney suggested that it might be beneficial to record patient's stories as they leave Muckamore Abbey Hospital in the form of an informal documentary. It was further suggested that the Cherryhill project would be a good outlet for this and Dr Harron and Mrs Mitchell agreed to explore this avenue further. **ACTION: Dr Harron, Mrs Mitchell** **Correspondence** Mrs Mitchell informed members that she had received an email from a member of affected staff asking about the timeline of the process.

	Mrs Creaney informed members that she is in communication with the NMC regarding the interim order for 7 registrants.
	Next Meeting Tuesday 12th March 2019 3:30pm Meeting Room 1, A Floor, Belfast City Hospital

Belfast Health and Social Care Trust
caring supporting improving together

Directors Oversight Senior Co-Ordination Group

Terms of Reference

The Directors Oversight Senior Co-Ordination Group was established to focus on ensuring the effective co-ordination of several work streams which address the work arising from the review of Safeguarding at Muckamore Abbey Hospital.

Membership Includes:

Marie Heaney: Director of Adult Social & Primary Care (Co-Chair)
Brenda Creaney, Executive Director of Nursing (Co-Chair)
Mairead Mitchell, Co-Director Learning Disability Services
Moira Mannion, Deputy Director of Nursing
H425 [redacted], Divisional Social Work Lead, Learning Disability Services
Monica Molloy, Co-Director, Human Resources
Colin Milliken, Chair of Division, Learning Disability Services
Paul Harron: Corporate Communications

The purpose of the Director's senior co-ordination group is to:

i) Identify the key work streams required to ensure that all of the actions arising from the review of safeguarding at Muckamore Abbey Hospital and the commitments to families made by the Department of Health, Permanent Secretary on the 17th December 2018 are delivered.

ii) Ensure that work stream leads develop detailed deliverable time bound plans.

iii) Provide clarity on accountability and ensure appropriate support.

iv) Provide a mechanism for escalation of any risks

v) Provide a mechanism to ensure that accurate and timely reports or information can be provided to Executive Team, Trust Board, Department of Health and wider stakeholders.

vi) Provide an internal and external communication strategy.

Meeting of the Directors Oversight Senior Co-Ordination Group will occur on a fortnightly basis

Belfast Health and Social Care Trust
caring supporting improving together

The Key workstreams are as follows:

i. Workforce and operational risk management of staffing issues
ii. Monitoring of the completion of the historical CCTV footage
iii. Senior Liaison with PSNI regarding Adult Safeguarding Investigation
iv. Disciplinary Process
v. Implementation of SAI recommendations
vi. External Assurance Report
vii. Regional Muckamore Group
viii. Housing and Care Plans 2019
ix. Community Services Development
x. Carer Engagement
xi. Safety quality and improvement at Muckamore Abbey Hospital
xii. Impact of incidents on patients
xiii. Communication strategy

Belfast Health and Social Care Trust
caring supporting improving together

MUCKAMORE ABBEY HOSPITAL
DIRECTORS ASSURANCE GROUP

Tuesday 05th April 2019 at 9.00 am
Dr Cathy Jack's Office, A-Floor, Trust Headquarters

Draft Minutes

Attendees:

Cathy Jack: Deputy Chief Executive, Belfast Trust (Chair)
Marie Heaney: Director of Adult Social & Primary Care
Mairead Mitchell, Co-Director Learning Disability Services
Anne O'Reilly, Non-Executive Director
Karen Alexander: Minutes Taker

Apologies:

Brenda Creaney, Executive Director of Nursing
Colin Milliken, Chair of Division, Learning Disability Services
Jacqui Kennedy, HR Director

For Noting

The purpose of this meeting has changed and is for assurance purposes. Moving forward this assurance group will meet separately to the Director's Oversight Co-Ordination Group.

1.0	**Previous Minutes** Agreed
2.0	**Safety Of Site** **i. Staffing** Mrs Mitchell updated members that there are currently 63 patients in Muckamore Abbey Hospital with 2 on trial leave. There are no inpatients on site who require PICU. Mrs Mitchell updated members that from the recruitment of seven new registrants, four have taken up post in Muckamore Abbey Hospital, Two have taken up post in Iveagh and One declined the offer.

It was agreed that further discussion was required in light of the commitment made to RQIA.

ACTION: Mrs Heaney

Mrs Heaney requested a spreadsheet showing oversight of staffing on all wards be completed daily and emailed at the beginning of each week. This would highlight quickly staffing levels, and give further assurance of safety.

Action: Miss Alexander, Mrs Mitchell

Mrs Mitchell further updated members that the staff on Ardmore had moved some of the patient's beds around in an attempt to help dilute the patient mix. Dr Jack highlighted that this as a sign that staff are taking charge and feeling confident to do so.

Mrs Mitchell also informed members that interviews for 30 Band 3s for the hospital was taking place today (05th April) and tomorrow (06th April).

ii. Contemporaneous CCTV

It was agreed that the reporting of contemporaneous CCTV viewing should be included in table form on the weekly SITREP.

Mrs Mitchell discussed the contemporaneous CCTV at Safety Pause meeting who agreed that there was a need to highlight good practice to staff. A 'speech bubble' newssheet will be produced and displayed on each ward highlighting the good practice observed. This will also be discussed at ward meetings.

iii. Seclusion/Restrictive Practice

Mrs Mitchell highlighted that the use of seclusion was reducing and that many of the seclusion incidents are actually a voluntary confinement at the request of the patient. She further updated members that Fiona Davidson developed a run chart which showed that most seclusions occurred during the daytime, with one or two in the evenings and none during the night.

Dr Jack requested that Ms Davidson develop a run chart on the use of the seclusion room over the last few years, as well as seclusion that was either within the patient's bedrooms, or pods. Dr Jack also requested a break down on if the seclusion was prescribed or voluntary.

ACTION: Fiona Davidson

	The terminology around seclusion was also discussed with members preferring the use of *'Time Out'*. It was felt that this would be a familiar phrase that is frequently used and would help give better understanding to seclusion/voluntary confinement. It was agreed that Brenda Aaroy should begin to build agreement around the terminology used for seclusion. **ACTION: Brenda Aaroy** Mrs Heaney updated members that the seclusion policy had been revised and is going out for wider consultation with comments requested back by mid-April. **ACTION: Mrs Heaney** **iv. Patient Activity/MDT** Mrs Heaney updated members that she would attend MDTs. The feedback from families has been that these are too long with no real outcome. It was agreed that the format needed to change and Mrs Heaney suggested that this may be an area that East London NHS could help in. It was further suggested that a workshop be developed with carers, Ward Sisters, and Dr Milliken to help develop the new MDT. Dr Jack requested an update on the MDT for next meeting. **ACTION: Dr Milliken** **v. Physical Health** It was agreed that Physical Health checks would take place every six months. Dr Jack informed members that Dr Nick Smith may be available do undertake this if required. **vi. Psychotropic Audit** It was acknowledged that Dr Milliken was currently on leave. Dr Jack requested that this audit be completed before the next meeting. **ACTION: Dr Milliken**

	vii. Finance Audit It was acknowledged that Michael Blaney was undertaking this Audit. Dr Jack asked for an update for next meeting. **ACTION: Mrs Heaney**
3.0	**Patient Experience and Support** Mrs Mitchell updated members that the feedback terminal was placed in Moyola Day Services for patients to use for a two week period. The results of the first week showed that 82% of patients responded positively indicating that they were having a good day. Mrs Mitchell further updated that patient experience feedback on wards using talking mats has also begun. The feedback terminal is being moving to Cranfield 1 next week to be used in the evenings. Mrs Mitchell also updated members on the carers forum which took place on 03rd April 2019. 8 families attended this and were very positive about being involved in the forum. This forum will meet once a month and will help shape the way forward. It was suggested that a newsletter be issued to staff and families that would communicate updates, and highlight actions and issues that have been addressed. 'You said, we did.'
4.0	**Staff Support** Mrs Mitchell updated members that she has been on the wards speaking with staff and the feedback she received was that they felt supported. She highlight that staff especially appreciated the leadership walk-rounds. Mrs Mitchell shared a poster which showed good practice that has been highlighted on each ward. These posters will be displayed on the wards to help encourage and give confidence to staff. It was noted that counselling sessions for staff are continuing, with counsellors now available on Saturdays. Dr Jack requested a breakdown of the counselling session: • How many staff are availing of the counsellor • Overall themes **ACTION: Dr Meekin**

	Mrs Mitchell informed members that the daily huddle has been replaced with safety briefings which focus on: • Are we safe today • Is there anything that needs to be escalated • Do we need to take further advice Mrs Mitchell also highlighted that the Safety Pause meetings were well attended and the feedback from staff about these briefings was very positive.
5.0	**Historic CCTV and Potential Disciplinaries** It was acknowledged that the protocol has changed due to the PSNI live investigation. Mrs Heaney agreed to revise this and table at next meeting. **ACTION: Mrs Heaney** It was noted that the disciplinary panel induction has been completed. It was acknowledged that a priority piece of work is to complete the 158 incidents screened in February 2019. Mrs Heaney updated members that the PSNI has returned some of the CCTV footage and she will seek further clarification from Rhoda McBride about what is still outstanding. **ACTION: Mrs Heaney**
6.0	**Resettlement** Mrs Mitchell highlighted a case of a patient from Iveagh resettling well into the community after been in Avoca twice. She stated that working with the Mental Health team had been extremely beneficial in this case. Dr Jack noted that Mental Health services have a different approach than Learning and Disability and there was merit in exploring this. Members acknowledged that there were issues around who the Resident Medical Officer would be with some Mental Health units reluctant to take Learning and Disability patients. Dr Jack stated that there was a flow chart available but she would discuss this with the other Medical Directors if it became a problem. **ACTIONS: Dr Jack** Mrs Mitchell updated members that Ardmore currently has the most inpatients but that plans were in place to discharge patients from both Ardmore and Cranfield 2 over the next few weeks. It was also agreed that Mrs Mitchell would provide a summary of resettlements from other Trusts.

	ACTION: Mrs Mitchell Mrs Mitchell informed members that the staff for Cherryhill had been recruited and induction is scheduled for the beginning of May 2019. Nine patients have been identified and their families are being invited to view the accommodation. It was also suggested that Trust Board and Executive Team be invited to view Cherryhill.
7.0	**AOB** It was suggested that Margaret Flynn be invited to take part in these meetings once a quarter. As Mrs Flynn carried out the review Mrs O'Reilly felt that she would be best placed to give assurances that action has been taken and is continuing to move forward. **ACTION: Mrs Heaney** **Amendments to SITREP Report** It was agreed that each SITREP report should have an issue number. Section 1 • Review terminology used for Patient Pathways • 1.6 - No longer required on this report Section 8 • No longer required on this report. Section 9 • Change heading to 'Financial Audit/Governance' • Remove costings table • Move Bank and Agency hours to Staffing Section 10 • Move Physical Health and Antipsychotic monitoring to Operational Response (5) Section 11 • Change heading to 'Other Issues' It was agreed to add Section 12 Escalation **Correspondence** A letter from the RCN and draft response was noted but not for comment at this meeting.

7.0	**Date of Next Meeting** Wednesday 17th April 2019, 09:00am, Boardroom A Floor, BCH

Belfast Health and Social Care Trust
caring supporting improving together

MUCKAMORE ABBEY HOSPITAL
DIRECTORS ASSURANCE GROUP

Tuesday 05th April 2019 at 9.00 am

Action Log

The following are actions arising from the above meeting

	Action	By	Status
1	Identify staff side representative to join this group	Ray Rafferty	05 April 2019
2	Staffing level overview spreadsheet to be implemented	Mrs Mitchell K Alexander	Pending
3	Staff support – alternative therapies/counselling etc – focus groups to determine best support	Mrs Marie Heaney/Sarah Meekin	15 April 2019
4	Divisional programme for new staff/Inductions	Dr Sarah Meekin	15th April 2019
5	Suggested Therapeutic interventions for staff focusing firstly on Cranfield 1, Cranfield 2, and Ardmore	Dr Sarah Meekin	15th April 2019
6	Data from the drop-in sessions, counselling analysis (Is counselling the best way forward)	Dr Sarah Meekin	15th April 2019
7	Divisional Team to meet with staff from Ardmore to ascertain how to help them feel safer in the workplace	Divisional Team	05th April 2019
8	SITREP to include all incidents identified by historic CCTV including those 'screened out'	Dr Colin Milliken	Pending
9	Inpatient ward reviews to ensure most appropriate ward placement in Muckamore Abbey Hospital	Mrs Mairead Mitchell	Ongoing
10	My Activity Plan developed for each patient and process for monitoring	Dr Milliken Mrs Mairead Mitchell	15th April 2019
11	Historic patient feedback to be given	Mrs Mairead Mitchell	15th April 2019

12	Anti-psychotic audit to be completed for every patient and results shared with Assurance Oversight Group	Dr Colin Milliken	15th April 2019
13	Seclusion policy to be drafted for next meeting	Dr Colin Milliken	15th April 2019
14	Seclusion run chart to be developed showing • Use of seclusion Room • Use of other seclusion space (bedrooms/pods) • Breakdown on prescribed/voluntary	Ms Fiona Davidson	Pending
15	Agreement sought for terminology used for seclusion	Ms Brenda Aaroy	Pending
16	Draft version of updated Seclusion Policy to be sent for wider consultation	Mrs Marie Heaney	15th April 2019
17	**Meeting be arranged to discuss the Adult Mental Health Out of Hours protocol**	**Health Board**	**Regional**
18	List of all previous patients/contact details etc. from 2012 to date to be collated by Medical records and cleansed	Mrs Mairead Mitchell	**Completed from 2017 - present** May 2019 follow up (patients 2012 -)
19	Updated summary on resettlement from other Trusts	Mrs Mairead Mitchell	15th April 2019
20	Explore impact on patients (linking with other Trusts re assessment of trauma)	Dr Colin Milliken Dr Sarah Meekin	May 2019
21	Patient experience data to be collected	Mrs Mairead Mitchell	Commenced & Ongoing
22	System to be put in place for continuing patient health checks following discussion with patients families and staff	Mrs Heaney	07th May 2019
23	MDT proforma to be updated and expanded	Dr Colin Milliken	26th April 2019
24	MDT workshop to be arranged in conjunction with staff and carers	Dr Colin Milliken	Pending
25	Patient discharge stories and media piece around Cherryhill to be developed	Dr Paul Harron Mrs Mairead Mitchell	2 month follow up
26	Contemporaneous CCTV viewing • Weekly report to be submitted in table form and included in SITREP	Mrs Marie Heaney Mrs Jacqui Kennedy Mr Brendan Ingram	Ongoing

	• Policy to be re-drafted		Pending
27	Clarity given regarding 38 Urgent screened	Mrs Marie Heaney Mrs Brenda Creaney	05th April 2019
28	**Agreed priority of CCTV viewing with PSNI**	**Mrs Marie Heaney**	**PSNI leading**
29	Historic CCTV flow chart confirming process with PSNI	Mrs Marie Heaney Ms Rhoda McBride	15 April 2019
30	Management and Leadership Investigation • Further discussions with Department of Health • Terms of Reference update	Trust Board	Draft of Terms of Reference – 15th April 2019
31	Financial Audit update	Mrs Heaney Mr Michael Blaney	15th April 2019
32	Consideration to be given to approaching Margaret Flynn to be part of the Assurance Group (Quarterly)	Mrs Heaney	Pending
33	**Media piece by Margaret Flynn to be explored**	**Dr Paul Harron**	
	Night-shift staffing levels to be monitored and recorded every evening to ensure minimum of 2 Registrants per ward	Mrs Moira Mannion	Complete
	Confirmation that 7 new staff members are in post and on wards	Mrs Moira Mannion	Completed 4 in Muckamore 2 Ivey 1 declined
	BSO support of recruitment day to accelerate the recruitment process	Mrs Jacqui Kennedy	Completed
	SITREP to include table showing inpatients/discharges/resettlements/ admissions	Mrs Mitchell Dr Colin Milliken	Complete
	Further clarity on incidents to be provide in the SITREP report	Dr Colin Milliken	Complete
	Seclusion table in SITREP to show • Length of time • Monitoring and protocol confirmation • Location of seclusion	Dr Colin Milliken	Complete
	SEA Report on Incidents (Dr Yeow)	Dr Colin Milliken	Complete
	SEA Report from December 2018 incident	Dr Colin Milliken	Complete
	Further letters sent to Carers offering psychological support	Brenda Aaroy	Complete

	Safety Quality Visit log for each ward	Mrs Mairead Mitchell	Complete
	Audit of prescribed observations on wards	Ms Jackie Austin	Complete
	• Staff awareness/knowledge policy to be developed	Mrs Mitchell	Complete
	Confirmation of induction process and programme for disciplinary panel members	Ms Marie Curran	Complete
	Carer Engagement action plan to be developed and notes from the evening shared with members Easy Read version of notes from the Carers engagement evening	Mrs Marie Heaney Brenda Aaroy Dr Paul Harron	Complete
	MLA notes to be developed and briefing minutes shared with members	Mrs Marie Heaney	Complete

Director Operational Meeting Learning Disability

Membership:

Dr Cathy Jack (Chair)
Mrs Marie Heaney
Ms Bernie Owens
Mrs Carol Diffin
Mrs Jacqui Kennedy
Miss Brenda Creaney
Corporate
Communication rep
Mrs Bernie McQuillan

Purpose:

- To ensure the 4 different operational elements of ID services including the historic CCTV safeguarding concerns and any subsequent disciplinary hearings are co-ordinated

TOR:

- To review regular updates from across the division of ID services (MAH and Community) to ensure appropriate co-ordination of all aspects.
- To identify any emerging risk to service delivery either in MAH or community to ensure appropriate prompt action and/or escalation to Chief Exec and Trust Board
- Ensure consistent, appropriate and timely communication to staff, patients and carers
- Ensure consistent, appropriate and timely communication to all external bodies as appropriate
- Ensure all documents are collated and retained for future reference and learning

Belfast Health and Social Care Trust
caring supporting improving together

MUCKAMORE ABBEY HOSPITAL
ID Directors Oversight Group

Wednesday 23rd October 2019 at 12.00 pm
Dr Cathy Jack's Office, A-Floor, Trust Headquarters

Minutes

Attendees:

Cathy Jack: Deputy Chief Executive, Belfast Trust (Chair)
Marie Heaney: Director of Adult Social & Primary Care
Bernie Owens: Director of Unscheduled/Acute Care
Carol Diffin: Director of Social Work/Children's Community Services
Brenda Creaney: Director of Nursing & User Experience
Jacqui Kennedy: Director of HR
Bronagh Dalzell: Head of Communications
Karen Alexander: Minute Taker

1.0	**Terms of Reference** Colleagues considered and agreed the Terms of Reference for this group. Dr Jack enquired if colleagues were content with their roles and responsibilities as set out in the document Mrs McQuillan produced. Mrs Kennedy stated that she is not directly involved in the day to day workforce and her role is overseeing and managing the disciplinary processes as well as liaising with the PSNI therefore felt that the title was misleading and should be changed to HR Disciplinaries/PSNI Liaison.
2.0	**Adult Safeguarding** Miss Creaney updated that the PSNI had contacted the NMC raising concerns about some individuals. Mrs Creaney noted her concern stating that in some cases employees are being processed by the Trust but because the PSNI are not fully sighted they went directly to the Regulator. Mrs Kennedy responded that Marie Curran met with Jill Duffie, PSNI, on Tuesday 22nd October 2019 during which DCI Duffie informed her that the NMC had been contacting them for information and they had queried the differences between the names the PSNI are aware of and those the Trust are processing.

	Miss Creaney stated that Angela Wilder had contacted her last week and agreed that there were names on their list that the Trust have not processed to date. Mrs Heaney updated that historically when an incident was identified it was analysed by DAPOs then forwarded to a management team comprising of the Divisional Nurse, Co-Director, Hospital Service Manager and supported by Marie Curran, HR to make the appropriate decision. The Management Team also viewed the relevant footage. Colleagues acknowledged that in the absence of the Divisional Nurse and Co-Director the decision of protective measures was undertaken by Moira Mannion and Marie Curran. Colleagues agreed that a clear record of the process is required. Mrs Kennedy requested that an updated flowchart be produced that reflects the current process. Miss Creaney also highlighted the need to review and amend were appropriate, the decisions previously made. Mrs Diffin stated it would be also beneficial to have a history of the different stages of this process. **ACTION: Mrs Diffin/Mrs Myers/Mrs Curran** Mrs Kennedy updated that DCI Duffie has indicated that the PSNI have 100% completed the viewing of PICU and therefore did not require any further referrals to be made from the Trust regarding this. Dr Jack commented that she thought the Trust had also completed all of PICU. Mrs Heaney responded that it is possible that all footage has been viewed but not yet reported on resulting in the PSNI receiving further referrals. Mrs Diffin agreed to notify the Adult Safeguarding Team that no further referrals for PICU should be forwarded to the PSNI. **ACTION: Mrs Diffin** Mrs Creaney enquired as to why day shift viewing is being prioritised over the evening shifts when the majority of incidents occur out-of-hours. Colleagues agreed that moving forward out-of-hours viewing should be prioritised. **ACTION: Mrs Diffin/Mrs Myers**

3.0	**PSNI Investigation** Dr Jack updated that the PSNI have raised a concern about Mr H351 and have indicated they may investigate him. Mrs Heaney updated that Mr H351 had retired in the Summer 2019 but returned to work on a temporary part time basis looking after the CCTV cameras and security on site until Estates took over management of these. Mrs Kennedy stated the latest concern the PSNI have is in relation to a child safeguarding incident that happened in the swimming pool area during which Mr H351 had informed them that the CCTV cameras were not working. Mrs Kennedy noted that the PSNI have a lack of faith in Mr H351 emulating from that fact he stated at the beginning of the investigation that 100% of the viewing of PICU had been completed when this was not the case. The PSNI are also concerned about the number of incidents Mr H351 indicated were not safeguarding incidents but has later transpired they were. Mrs Heaney updated that she is aware the PSNI suspect Mr H351 however stated that there is no evidence to substantiate this. She stated that she had asked Estates to investigate the swimming pool CCTV issue and they confirmed there was an NIE power cut. Mrs Heaney updated that both she and Roberta Myers had also met with Mr H351 regarding the safeguarding referrals and he was very clear that he did not make any decisions in regard to these but rather it was the DAPOs. Mrs Heaney noted that she is meeting with Rosie Fleming and Majella Fegan regarding this. Mrs Heaney informed colleagues that Mr H351 is due to finish work in October 2019. Mrs Kennedy stated that the PSNI are going to email their concerns regarding Mr H351 by the end of today and a decision would need to be made in relation to this. Mrs Heaney updated that Mrs Ward, DLS and Mrs Molloy, HR, had met with Mr H351 regarding his knowledge of a black lever arch folder which contained safeguarding incidents in relation to PICU. Mr H351 stated that he had handed this file over before his retirement a few months previous. Dr Jack stated that a SEA should be undertaken in regard to this folder and should include the actions taken after Mr H351 handed this file over. It is vital that ToR were agreed before any interviews. **ACTION: Mrs Diffin** Dr Jack updated colleagues that she had a conversation earlier that morning with DCI Duffie and informed her that the Trust were concentrating on the safeguarding of Cranfield 1 and highlighted that no further files were being prepared at this time. Dr Jack commented that DCI Duffie was content with this.

	Mrs Kennedy highlighted that as the Trust are viewing Cranfield 1 and the PSNI are viewing Sixmile there will be referrals going both ways between the organisations. Dr Jack commented that the Trust will have to process all referrals from the PSNI however won't have to put together the full disciplinary files for them at this stage.
4.0	**Muckamore Abbey Hospital - Operational** Mrs Owens updated that there are currently 53 patients in Muckamore Abbey Hospital with 4 patients on trial resettlement. She stated there was an admission last week under the MHO. Mrs Owens updated that Margaret Devlin and Lorna Bingham have been involved in drafting a new model for the Hospital and noted that there is a further meeting regarding this tomorrow, 24th October 2019. Mrs Creaney stated that the Department of Health have asked other Organisations to help with nursing and have indicated an additional premium should be paid to staff. Mrs Kennedy updated that the additional premium will be 10-15% on top of their current salary, travel expenses, and travel time (shift will start from time employee begins journey). She noted that this will only be relevant to those who are in work and not off sick or suspended. Mrs Owens stated that before drafting staff from other Trusts she has requested clarification on • The number of staff required • The number of staff actually on site • The number of agency staff Mrs Creaney stated that there was a suggestion that agency staff take charge of the wards but if staff are being provided by other Trusts there should be no need for this. Mrs Owens updated that there were no seclusions last week and noted this was the first time this had occurred. There were 6 episodes of voluntary confinement involving 1 patient. Mrs Owens noted that there were no voluntary confinements lasting over 4 hours but stated that there is a plan to look at the time of day seclusion/voluntary confinement occurs as well as drilling down to ward level. Dr Jack noted that she didn't think the comment regarding the average seclusion (page 7 SITREP 33) was correct and asked that Chris Walsh review this.

	ACTION: Chris Walsh Mrs Owens updated that Seamus Coyle undertook a comprehensive audit of seclusion and on the whole it is positive with good compliance. Mrs Owens stated that there was 1 staff on patient incident which is being investigated by the safeguarding team. Mrs Owens sought clarification regarding notifying the Department of Health via an Early Alert. Mrs Heaney responded that RQIA had notified the Department of Health in August 2019 of a staff on patient incident and the Department had requested an EA, however when received they felt it didn't meet the threshold of an EA. Mrs Heaney stated that Sean Scullion said that if the incident was reported to RQIA he didn't think an EA would be required but he would seek to clarify this. Mrs Owens updated that she had contacted Dr Milliken regarding the psychotropic audit action plan but to date has received no response. Mrs Owens stated that the contemporaneous CCTV viewing shows good practice.
5.0	**Resettlement/Community** Mrs Heaney updated that there is a resettlement plan with timeline which she will share with colleagues at next meeting. **ACTION: Mrs Heaney** She noted that there is a pilot drawn up for community assessment and treatment however there is an issue with the medics. Dr Jack commented that she has requested that Dr Dougherty be released from Mental Health for a period of time. Karen Brooks has been given information to develop a business case for Shannon and Mrs Heaney updated that Knockbracken is also being looked at as a potential site. Mrs Owens enquired why patients couldn't stay in Muckamore if there is sufficient staff to accommodate this. Mrs Heaney responded that the Department are keen to move away from Muckamore. Mrs Owens noted there is a misalignment with the Department in terms of timescales.
6.0	**Date of Next Meeting** Wednesday 30th October 2019, 12:00pm, Dr Jack's Office

Belfast Health and Social Care Trust
caring supporting improving together

MUCKAMORE ABBEY HOSPITAL
ID Directors Oversight Group

Wednesday 23rd October 2019 at 12.00 pm

ACTION LOG

Action	Responsible Lead	Status
Updated flowchart for CCTV viewing process & subsequent decision making to be drafted/shared with colleagues	Mrs Diffin Mrs Myers Mrs Curran	30th October 2019
Adult Safeguarding Team to be informed that PSNI do not require any further PICU referrals	Mrs Diffin	30th October 2019
Historical CCTV viewing team to prioritise Night shift viewing	Mrs Diffin Mrs Myers	30th October 2019
SEA to be instigated into black folder containing incident referrals - How & when this came to light - Actions taken	Mrs Diffin	November 2019
Comment regarding Seclusion averages on Sitrep 33 (page 7) to be reviewed	Chris Walsh	30th October 2019
Resettlement plan & timeline to be shared with colleagues	Mrs Heaney	30th October 2019

Belfast Health and Social Care Trust
caring supporting improving together

MUCKAMORE ABBEY HOSPITAL
Safeguarding Assurance Group

Friday 06th September 2019
Meeting Room 1, A-Floor, Trust Headquarters

Minutes

Attendees:

Cathy Jack, Belfast Trust (chair)
Brenda Creaney, Belfast Trust
Marie Heaney, Belfast Trust
Carol Diffin, Belfast Trust
Moira Mannion, Belfast Trust
H425 , Belfast Trust
Marie Curran, Belfast Trust
Eadaoin Ward, Belfast Trust
Anthony McNally, PSNI
Jill Duffie, PSNI
Neil Harrison, PSNI
Morag O'Kane, PSNI
Lynn Long, RQIA
Alan Guthrie, RQIA
Joyce McKee, HSCB
Jackie McIlroy, DoH
Karen Alexander, Minute Taker, Belfast Trust

1.0	**Opening Remarks** Dr Jack welcomed colleagues and thanked them for making time for this meeting.
2.0	**Safeguarding Governance Group.** Dr Jack stated that one of the issues raised by Mrs Diffin during the last meeting was if under Joint Protocol this investigation met the requirements of 'large scale and complex abuse cases' – Section 6. She updated that this had been discussed at the Trust's Executive Team and it was felt that it did.

	DCI Duffie stated that there had been a conversation in the past regarding forming a Strategic Management Group however as the PSNI were investigating employees of the Belfast Trust DCS Paula Hillman had felt that this would not be appropriate. Mrs Heaney clarified that a Strategic Management Group in line with Adult Safeguarding Policy was established in late 2017 and met a number of times. Later in 2018 the investigation became police led. DSI McNally commented that the PSNI needed to content themselves that the appropriate safeguarding process is in place. DSupt McNally stated that he understood the purpose of this meeting was to agree a Terms of Reference for safeguarding matters only and asked if it needed to be referenced to the Joint Protocol or if this could be seen as a unique situation. Dr Jack responded that if PSNI colleagues were asking to deviate from the Joint Protocol then she would ask why as it is Departmental policy. DCI Duffie acknowledged that this is a very unique set of circumstances and that normally the Strategic Management Group would have been the way forward. Mrs Heaney updated colleagues that in 2017 there were fortnightly multi-agency meetings involving all the key agencies and the understanding was that this was not Joint Protocol but a PSNI led investigation. DCI Duffie agreed but stated she always thought the safeguarding element sat under joint protocol. Mrs Long updated that RQIA's roles and responsibilities as outlined in the Mental Health Order (Northern Ireland) 1986 are not well captured within the current Joint Protocol. It was agreed that this will be addressed as part of the revised Joint Protocol going forward. DCI Duffie updated that she had anticipated this meeting to be the Safeguarding Strategy Meeting. Mrs Creaney responded she believed that there would be a core group involved in safeguarding including, Mrs Myers, PSNI, RQIA and HR colleagues and that the purpose of this group would be to provide the assurance required. Dr Jack said her understanding was that this meeting was about the safeguarding issues and the speed of implementation of protection plans.

	H425 acknowledged there has been a delay in processing the AJP1 forms but stated that in one week the Adult Safeguarding team received over 100 forms and noted that the team currently do not have a full complement of staff. DCI Duffie stated that although the referrals relate to historic incidents the PSNI still treat them as 'live' as the staff involved are still working. They are only described as historic because the incidents were reported retrospectively. DI Harrison stated that there were still a few incidents that would need to be discussed. Mrs Creaney responded that she did not think that this meeting would be the best forum to do that. DSupt McNally noted that there are potentially two separate groups – the operational group and assurance group, however stated that the Terms of Reference would need to reflect this and be signed off by all parties. There was discussion regarding the nature of both groups with agreement being reached that the operational group would be responsible for the decision making/protection plans and the strategic group would provide the assurance. DCI Duffie enquired who the Trust safeguarding lead was. Dr Jack replied that Roberta Myers would be the lead for the historic CCTV ASG investigation however noted she was on leave today so stated that Mrs Mannion and H425 would update colleagues with the detail of the actions the Trust has taken since the meeting on Tuesday 03rd September 2019. H425 advised that as she was not the line manager for the ASG team she did not have the detail of the actions taken since 3.9.19. H425 H425 advised that the Adult safeguarding team do not decide the details of the action plan regarding staff and that this is the role of nursing line management. Her role today therefore would be to seek assurances from nurse management in relation to the details of the measures in place in relation to staff. Dr Jack confirmed that for the purpose of this meeting the decision maker for Trust management is Mrs Mannion. Colleagues agreed that a group should break off from this meeting to discuss the incidents/protection plans. DSupt McNally noted that there was some misunderstanding around individual roles but stated that the main concern of the PSNI is to ensure that the safeguarding in place is appropriate to enable the PSNI to conduct a criminal investigation at the right pace. He further stated that if he is not assured the PSNI would be required to review the investigative plan for the PSNI in the absence of the Trust providing the required safeguarding assurances.

	Mrs McIlroy stated that the Department had some concerns over the past week on how the Trust were making decisions. She noted that they did not need nor want to know the details however there was a requirement to oversee. DCI Duffie responded that there had been some concerns but that those concerns were addressed on Tuesday and again with this meeting today. Dr Jack acknowledged that the Trust accepts there is a backlog but stated that it is committed to work through this as quickly as possible. Mrs McKee informed colleagues that this group falls under section 6 of the Joint Protocol (large and complex) but acknowledged that new Terms of Reference would be required. She also suggested that colleagues should consider a Co-Chair arrangement. DSupt McNally responded saying if the Trust drew up the Terms of Reference he was content to bring them to his organisation for consideration. DSupt McNally emphasised the importance of being clear that this meeting is solely around safeguarding and not the investigation and noted that all terminology relating to investigation would need to be removed from the Terms of Reference. Colleagues agreed that the Trust would draw up new Terms of Reference and forward to other group members for consideration. **ACTION: Dr Jack/Mrs Diffin**
3.0	**Membership** Mrs McKee enquired if it was anticipated that the Department of Health and the HSCB were co-opted or just in attendance for this meeting. Dr Jack responded that she thought both the Department and the Board should be represented. Mrs McIlroy stated that she would take advice on this matter.
	Safeguarding DCI Duffie stated that the current risk for the Trust is Sixmile as neither the PSNI nor Trust has viewed the full footage yet. Mrs Heaney responded that there had been previous agreement that the Trust would concentrate on PICU. DCU Duffie stated that they have viewed the bulk of PICU and

	confirmed that there were three main suspects they would interview first. Mrs Heaney also confirmed that the Trust had screened all PICU footage and the next step is MAPA/DAPO review. DSupt McNally stated that he needed absolute clarity that there was a process around the Trust viewing the other three wards and stated that he didn't want the PSNI viewing the other wards until PICU was complete. Mrs Ward reminded colleagues that there is weekly contemporaneous viewing of each ward which provides reassurance that there are no current risks. DSI McNally acknowledged this is helpful in the present but stated his concern is if there is something emerged in the middle of the historical footage. Mrs Heaney stated that the Trust would haven't capacity to view the other three wards immediately. Dr Jack informed colleagues that in the current plan Sixmile is the next priority ward, and is being progressed with Cranfield 1 and 2 following. DSI McNally requested a timeline for viewing the next three wards. Mrs Heaney responded by updating that the Trust had purchased a server and software in the hope that it will accelerate viewing. She also updated that the Director of Planning is working on assessing the timeline. Dr Jack gave the PSNI an undertaking that the Trust will provide a timeframe around the first stage viewing of Sixmile. **ACTION: Roberta Myers** Mrs McIlroy sought clarification that if an incident was identified during first screening that protection plans were immediately put in place. Trust colleagues assured that this was the case. Mrs Long commented on RQIA's concern with respect to the current protection plans. RQIA were concerned to learn that in some cases the protection plans amounted to a fortnightly supervision meeting with the alleged perpetrator. RQIA are also concerned about the linkage between protection plans in place as a result of historical CCTV viewing and current allegations involving the same staff. DCI Duffie noted that there are still 45 people who needed to be identified urgently and stated that Mrs Curran had been given the details. Dr Jack gave undertaking that the Trust will work on identifying those individuals next week. **ACTION: Mrs Curran**

	Dr Jack highlighted the scale of the CCTV viewing and asked if there was a way of prioritising it. DCI Duffie stated that there was no need to view all incidents in relation to an individual once over a certain threshold, however suggested that the PSNI 'red-flag' those incidents that involve physical assault. The Operational Group re-joined the meeting and updated colleagues that there are 5 Registrants and 7 Non Registrants with the potential to move to precautionary suspension however it was noted that only 2 Registrants and 1 Nursing Assistant were due to work over the weekend. The Trust confirmed with PSNI colleagues that unless there was assurance of 1:1 supervision these employees would be asked not to report for work. Mrs Creaney stated that if a decision to precautionary suspend a Registrant was taken the Chief Nursing Officer must be informed and requested that Mrs Mannion contact Rodney Morton and forward the appropriate forms. **ACTION: Mrs Mannion** Dr Jack enquired if the PSNI would be content if the Trust put an employee into a non-clinical role. DSI McNally confirmed that the PSNI would have no issue should the Trust find gainful employment that does not involve working with patients.
	Date of Next Meeting It was agreed that this group should meet again in one weeks' time subject to agreement from DCS Hillman.

BELFAST HEALTH & SOCIAL CARE TRUST

Strategic Multi-Agency Group Meeting in response to Safeguarding Concerns at Muckamore Abbey

STRICTLY PRIVATE AND CONFIDENTIAL

Held on Monday 30th October 2017
at 2.30pm in Meeting Room 1, A Floor, BCH

DRAFT

Present:

Mrs Marie Heaney	Director Adult, Social & Primary Care (Chairperson)
Miss Brenda Creaney	Director of Nursing and User Experience
Ms Claire Cairns	Co-director Corporate Risk and Governance
Ms Yvonne McKnight	Trust Adult Safeguarding Specialist
Mrs Esther Rafferty	Divisional Nurse of Learning Disability
Mrs Mairead Mitchell	Head of Learning Disability
Mr Robert Henry	Service Manager, Corporate Risk and Governance
Mr Patrick Convery	Regulation and Quality Improvement Authority
Ms Valerie McConnell	Health and Social Care Board
Ms Jacqui McIlroy	Department of Health, Social Services and Public Safety
Mr Rodney Morton	Department of Health, Social Services and Public Safety
Inspector Angela McKernin	Police Service Northern Ireland
Miss Shauna White	Personal Assistant (Minute Taking)

Item No		*Action*
1	**Introductions** Marie welcomed everyone to the meeting and thanked them for attending at such short notice. Introductions took place.	
2	**Purpose of meeting** • Mrs Heaney advised that the meeting was being held in response to serious safeguarding concerns identified in Muckamore Hospital. Mrs Heaney highlighted that the meeting was in line with procedural requirements in relation to the Memorandum of Understanding 2013 and Adult Safeguarding 2016. The functions of the Adult Safeguarding Strategic Management Group were distributed. • Mrs Heaney informed that a safeguarding incident was reported in August 2017 and that further safeguarding concerns had since emerged as well as additional detail due to the availability of CCTV images. Mrs Heaney noted that since becoming aware	

	of these incidents liaison with RQIA, HSCB, PSNI and DHSSPS has taken place and will be ongoing. • Mrs Heaney highlighted that the purpose of this meeting is to ensure effective multi-agency strategic management of these incidents and to ensure clarity in relation to roles and responsibilities. She identified herself as the lead director but emphasised that she is working jointly with Miss Creaney as the Director of Nursing on these issues. Miss Creaney added that her role would be to support Mrs Heaney in this work and to take a lead role in relation to nursing issues. • Roles and responsibilities were clarified as follows: Trust – Investigation Improvement Accountability DHSSPS – Strategic oversight and ministerial assurance PSNI – assessment of criminal threshold and liaison with PPS RQIA – compliance with regulatory standards HSCB – Commissioning responsibilities and professional standards Mrs Heaney advised that there would be a number of processes involved in the management of this complex investigation. She identified these as follows: - Serious Adverse Incident, Level 3 investigation with an expert independent panel of experts, appointments underway - Adult Safeguarding investigation under Regional Adult Safeguarding Procedures (Sept 2016) - Police investigation under Regional Joint Protocol procedures (Sept 2016) - Disciplinary investigation and, where appropriate, professional investigations - Multi-agency Strategic Management Group. Mrs Heaney stressed the primary of patient safety and the importance of working closely with patients and families in the months ahead.	
3	**Delayed Discharge** Discussion took place regarding delayed discharges in relation to Muckamore. Mrs Heaney highlighted that approximately 70% of patients living in the hospital should be living in the community. While this was acknowledged it was agreed that this meeting should focus on the serious safeguarding concerns identified and how these will be addressed. However the level of delayed discharges and the impacts will form part of improvement plans. Mr Convery reminded the meeting that RQIA are currently completing their report on community services which will be relevant to this discussion.	

4	**Nature of Incidents, details** In summary, Mrs Mitchell provided the following information in relation to the nature of these incidents: - 2 incidents of physical assault - A small number incidents which suggest the inappropriate use of physical restraint and seclusion - Neglectful practices specifically the lack of meal supervision with vulnerable patients - An apparent lack of meaningful engagement with patients - Concerns regarding nursing practices, for example sleeping on duty - Staff apparently observing some of these practices which were not subsequently reported. All of these are currently subject to further analysis by the PSNI and multi-discipline staff. To date the incidents have occurred mainly out of hours and the actual incidents are confined to the members of staff already suspended. However the investigative processes are still at an early stage and this is an evolving picture. • It was noted that the first incident related to a report by a Staff Nurse that a Healthcare Support Worker had punched a patient in the stomach on 12 August 2017. The incident of 12 August 2017 was not reported until 21 August 2017; when reported it was immediately referred to Adult Safeguarding and the PSNI. The staff member involved was placed on precautionary suspension. At this stage the PSNI informed the Trust that a single agency approach was being followed for this incident. • At the time of the incident the CCTV monitoring system that had been installed was not due to become a live system until 11 September 2017. • On the 29 August 2017 the Trust became aware that CCTV was being tested and may be available. Advice was sought from Department of Legal Services (DLS) to establish whether the Trust could view the test footage CCTV as part of the investigation into the allegation. • On 6 September 2017 DLS confirmed that CCTV could be viewed and the CCTV installation company were contacted to arrange for senior staff to view. • The viewing centred on the date of the incident (12 August 2017) and at this viewing were identified and involved the staff member already on precautionary suspension and another Healthcare Support Worker. Mrs Mitchell and Mrs Rafferty advised that other safeguarding concerns were identified along	

with a number of practice issues. Mrs Rafferty advised that two safeguarding issues involving two patients in the Psychiatric Intensive Care Ward (PICU). One incident involved a Healthcare Support Worker who is on precautionary suspension.

- One incident viewed on CCTV showed Healthcare Support Worker pulling patient forcibly by the arm and pulling him out into the garden area and locking the door. The patient was out side for 12 minutes. Two staff were present at the time, one Healthcare Support Worker and Nurse in Charge. It was confirmed that an incident had been reported under Adult Safeguarding and also reported to Police.

- Another incident viewed on CCTV on 19 September 2017 relating to the 12 August 2017 showed the same Healthcare Support Worker (A) who was already on precautionary suspension because of first report, slapping something out of the patients hand and pulling him forcibly by the arm causing him to fall to the ground. While on the ground another Healthcare Support Worker (B) kicked the patient. The patient was then led to the low stimulus room and pushed inside by Healthcare Support Worker (B) with Healthcare Support Worker (A) locking the door. The patient was locked in the room for 50 minutes.

- The Trust immediately identified that Healthcare Support Worker (B) was not on duty and followed this up with a precautionary suspension. This was part of the protection plan.

- The Staff Nurse in charge of the ward on 12 August 2017 was also placed on precautionary suspension for failure to report and protect the patients on the ward. Two further Staff Nurses were transferred to another ward because of delays in reporting safeguarding concerns. These staff are subject to enhanced supervision

- On 1 October 2017 a patient on Six Mile Ward reported that a Staff Nurse on night duty physically assaulted him by slapping him in the face. This was immediately escalated to managers who put in place an interim protection plan and required the Staff Nurse not to report for night duty the following night. This was discussed and agreed with the Regional Emergency Social Work Service and followed up on 2 October 2017.

- On 2 October 2017 CCTV was viewed and whilst the complaint made by the patient could not be viewed on the CCTV as cameras are not installed in patients' bedrooms, images showed the Staff Nurse kicking the bedroom door of the patient at 5.20am before entering the room and coming out rubbing his

hands. Patient was restrained by other staff who were unaware of allegation. Incident reported to Police with witnesses and names given. Staff nurse was suspended.

Mrs Mitchell informed that CCTV was installed in March 2017 and it became apparent that the CCTV had been active from March 2017 but staff were not aware of this. Hospital security team informed that there was over 200,000 recorded hours. Information was provided regarding the arrangements in place to view the CCTV and it was highlighted that viewing would involve joint viewing by a senior member of hospital staff and a Trust professional independent of the hospital. Mrs Mitchell advised that currently the Trust are planning to view a 25% sample of the CCTV focusing on different shift patterns both day and night. She explained that this was resource intensive but acknowledged the importance of this work and stated that this is in progress.

Agreed Action: Records need to be secured in order to retain footage.

Mrs Rafferty highlighted that on 26 October 2017 at a viewing of CCTV further incidents of concern were noted, some of which related to poor practice and some which were reported to Police. It was noted that staff involved in incidents are the same staff who are currently on precautionary suspension. The staff had already been reported to Police and Police were updated in relation to the new concerns.

Mr Morton queried if the other nurses who had observed the incidents but did not report, were still in post. It was highlighted that two nurses have been redeployed to Six Mile ward and are being closely monitored and supervised by the charge nurse. Miss Creaney advised that there was not enough grounds to suspend these staff and discussion took take place in relation to this.

It was confirmed at this point in time the Trust have suspended two health care workers and two nurses and two nurses are currently redeployed to Six Mile Ward. Questions were asked whether there had been any previous concerns in relation to the staff identified. The Trust confirmed that there were previous issues in relation to one healthcare worker where a case went to court but the worker was found not guilty and that there had also been a further adult safeguarding allegation in 2015 but that the witness withdrew their statement. The Trust acknowledged its intention to carry out a comprehensive analysis of the history of the staff named. There will also be a review of all previous safeguarding concerns, complaints, adverse incidents and serious adverse incidents.

It was noted that healthcare workers are not required to be registered with any professional body and that this is a significant

	gap. Miss Creaney advised that professional alerts have been submitted for the two nurses on precautionary suspension.	
5	**Police Involvement** Inspector McKernin informed that each case referred to the Police will be looked at individually and consultation with PPS will take place. The importance of joint working with Police under Joint Protocol procedures was acknowledged, along with the need for tight timescales in terms of follow up. Inspector McKernin advised that the Police would need to have a more thorough understanding of patients' care plans and what is acceptable and unacceptable practice. She further advised that it would be difficult to commit to a timescale at this early stage in the investigative process. It was noted that she has one Officer currently dealing with two incidents and Ms McKnight formally asked Inspector McKernin to address and dedicate an Officer to the Muckamore investigation. **Agreed Action: Inspector McKernin agreed that she would review the situation and workload with a view to allocating investigations to a dedicated officer**	
6	**RQIA** Mr Convery stated that there were no recent safeguarding concerns identified in previous RQIA inspections and he suggested that RQIA would suspend investigations until after the New Year given that they did not want to add any further disruption to the ward. Mrs Heaney acknowledged that this was helpful in the circumstances.	
7	**Nursing and Medical Students** With regard to nursing and medical students, Miss Creaney queried whether it was appropriate for them to be on the ward at this time. A brief discussion took place concerning professional obligations to these staff but it was also highlighted that students can provide a richness of information and a fresh perspective. Miss Creaney advised that she is meeting with Mrs Mitchell and Mrs Rafferty the following day to review the situation on the wards and that further discussions will take place in relation to this issue at that time.	
8	**Working with Patients and their Families** • Discussion took place in relation to information shared with families and work with patients and families. It was noted that safeguarding will have a key role in relation to working with patients and families and that H425 [redacted], Services Manager for Learning Disability will be leading on this but is not here today. • Mrs Mitchell confirmed that the focus to date has been in relation to patients and families where incidents have been identified. Mrs Amanda Burgess, Assistant Service Manager has been in contact with the families and they have been informed of the	

	incidents and will be kept updated. Mrs Mitchell advised that one patient involved in an incident was a Northern Trust patient and she reported that the Northern Trust were advised of this. **Agreed action: Northern Trust will be invited to future meetings.** • Mr Morton highlighted the importance of engaging with patients and their families to ensure that they are given a voice to share their experience of the care provided on the ward. Mrs Heaney acknowledged the importance of this work and noted that working with patients and families would be a key priority. Lengthy discussion followed regarding how to maximise engagement with patients and families. Mrs Mitchell provided details on current independent advocacy services available in the hospital. Mr Morton suggested that further consideration could be given in relation to how this could be developed. **Agreed Action: Further consideration to be given to how the Trust can work with patients and families.**	
9	**Communication Strategy** There was also an acknowledgement that one of the families had spoken to their MP and that if the assembly were in session concerns in relation to Muckamore may well have been tabled. The need to be prepared for media attention was also agreed. **Agreed Action: Media statements to be prepared by each organisation. Liaison between organisations to take place to agree key messages.**	
10	**Protection Plan** Mrs Heaney emphasised that the Trust will take the steps necessary to ensure patient safety. A comprehensive Director Level Governance and Improvement Structure and plans are currently being developed which will be shared at the next meeting. It was highlighted that in addition to staff being placed on precautionary suspension, there has been an increased level of scrutiny and monitoring on the wards. Miss Creaney noted that as per DHSSPS requirements, 24-hour monitoring was provided over the weekend. She stressed that this was not sustainable in the long term and that the patients on the wards, most of whom have autism, are presenting as unsettled and anxious in response to changes and increased monitoring. Miss Creaney formally thanked Mrs Rafferty and her team for working over the weekend at extremely short notice. The need for contingency plan was also discussed.	

	Agreed Action: Miss Creaney will review current arrangements in place with Mrs Mitchell and Mrs Rafferty at meeting planned for Tuesday 31 October 2017.	
11	**SAI** Ms Cairns noted the need for an Independent SAI Panel and asked was there any further information available at this stage who the panel members would be. Miss Creaney put forward a suggestion in relation to a professional nursing representative from Queen's University. Difficulties in identifying panel members were acknowledged. Mrs Heaney was clear that the panel must constitute independent representatives. Ms Cairns asked that Mr Henry be informed of any updates.	
	Marie thanked everyone for their attendance and agreed minutes would be circulated by email. Attendees were asked to provide their email address to facilitate this. Next meeting TBC for December 2017.	

MUCKAMORE ABBEY HOSPITAL

It has been agreed by the key agencies; ie BHSCT, PSNI, DoH, RQIA, HSCB, involved that the following structure will be established to oversee the assurance of the management of the safeguarding concerns arising out of the viewing of historical CCTV in Muckamore Abbey Hospital between March 2017- November 2017.

Whilst this reflects the principles within the joint protocol these Terms of Reference will reflect the unique safeguarding circumstances and only deal with safeguarding concerns identified through viewing of historic CCTV in Muckamore Abbey Hospital between March 2017 – November 2017.

Safeguarding Governance Group (SGG) - Terms of Reference

A Safeguarding Governance Group will be constituted, which will comprise of the following core representatives:

- The PSNI
- The BHSCT, including the Deputy Chief Executive, Director of Adult Services, Director of Nursing, Director of Social Work, Director of HR
- HSC Trust DAPO (Adult Safeguarding Team)
- A Senior manager from the relevant HSC Trust adult Programme of Care
- RQIA
- DoH
- HSCB

The SGG will be convened and chaired by the Deputy Chief Executive, BHSCT.

SGG representatives may co-opt representation from relevant other disciplines or agencies as appropriate.

The frequency of meetings will be determined by the core representatives and will be held as required.

A record of the meeting will be taken by the Trust and will be agreed by the members of the group.

Appropriate legal advice will be sought by the relevant organisations as and when required.

The SGG will:

i. provide oversight and governance on the safeguarding process

ii. consider issues escalated to them from the Safeguarding Operational Group

iii. escalate matters of concern as appropriate

iv. allocate and prioritise the necessary resources to the Operational Safeguarding Group

v. ensure co-ordination between the key agencies within the Safeguarding Operational Group. This includes resolving any interagency operational interface challenges between carious established processes.

vi. ensure decisions of the Safeguarding Operational Group are actioned in a timely manner

vii. act in a consultative capacity to those professionals who are involved in the Safeguarding Operational Group

viii. at the conclusion of the totality of the safeguarding concerns, discuss salient features of the process with a view to making recommendations for improvements wither in policy or in practice

ix. The closing process must be agreed and signed off by all members of SGG

**Safeguarding Operational Group is equivalent to Strategy Meeting under Joint Protocol*

The Safeguarding Operational Group (SOG)

The membership of the Safeguarding Operational Group will reflect the Core membership of the Safeguarding Governance group i.e. BHSCT, PSNI, RQIA.

The SOG will operationally review all safeguarding concerns arising out of the viewing of historical CCTV in Muckamore Abbey Hospital between March 2017-November 2017.

The individual agencies will consider any concerns raised by the other agencies and take

Belfast Health and Social Care Trust
caring supporting improving together

October 2019
Volume 1 Issue 3

Working together · Excellence · Openness & Honesty · Compassion

NEWS FROM MUCKAMORE

GOOD RELATIONS WEEK

On Tuesday 17th September, the Belfast Trust marked Good Relations week at Muckamore, by bringing a host of entertainment to Moyola Therapeutic Day centre for patients, staff and families to enjoy.

RO2 (photo of patients)

We had Weihong dancing by three beautiful and elegantly dressed dancers, Kerala drumming, which some of our patients joined in with and the wonderful Equal Notes Choir sang and danced us to a fabulous finale.

One of our none executive Board members from the Belfast Trust, Nuala McKeagney, introduced the Equality Vision short video, which was coproduced with adults with a learning disability in Belfast. This complements the Belfast Trust's development of the Healthy Relations and Healthy Future 2, which is designed to meet the needs of servicer users, patients and staff in a multi-cultural and multi-faith society.

RO2 (photo of patients)

Orla Barron, our Equality Lead in the Belfast Trust, was key to bringing this event to Muckamore and she brought a beautiful lunch for us created by some of the adults with learning disability working in the Ability Café in Belfast. We'd never tasted sandwiches or tray bakes like them and there was enough food to distribute to the wards afterwards, for those who couldn't actually attend the event.

I suppose the highlight of the event for me, was when many of our patients got up and joined in with Equal Notes and were singing and dancing to 'You're simply the Best!' .... And you sure are!

RO2 (photo of patients)

We thank everyone in our Therapeutic Day centre for helping with the preparations, Orla and her team for arranging all the entertainment and food, Nuala for her time and support to the Muckamore community, Sandra McCarry, our Belfast Trust PPI lead (who has a special place in her heart for Learning Disability), and the wonderful dancers and drummers.

And last but not least ...a HUGE THANK YOU to Karen Diamond and the wonderful Equal Notes who spread the greatest joy wherever they wander. Look out for the flyer on page 8 of our newsletter for the details of their Christmas Concert in St Anne's Cathedral in Belfast. If you want to experience the real meaning of Christmas then put this in your diary.

RO2 (photo of patients)

What's On?

Harvest Service in Moyola on 25th October 2pm

Multi-denominational Service (Moyola Gym) takes place on Thursdays at 11am

Mass (Moyola Gym) takes place the 1st Saturday of the month at 3.30pm

Dialectical Behaviour Therapy Club *(DBT club)* Tuesday evenings 6—7pm. Open to patients in Cranfield wards

Patients' Council, *Tell It Like It Is (TILII)* - Alternate Monday afternoons.

Equal Notes Choir at St Anne's Cathedral Belfast— Christmas Caroling on 6th December 11.15am

WEE CRITTERS

Dates in 2019
2-3pm on:
2nd September
30th September
28th October
9th December

Visitors' views matter to us!

WE WANT TO HEAR YOUR THOUGHTS

All wards, Moyola Day Service, Cosy Corner and the swimming pool, now have a box where families can give us feedback after their visit to their relative. Look out for the cards and drop us a note. It matters what you say and we will be using this feedback with the wards to focus on improvements but also to give positive comments. Thank you for taking the time to complete the cards.

MUCKAMORE CARERS' FORUM

The Muckamore Carers' Forum will hold its third meeting on November 18th, 2019 from 3-5pm in the Moyola Library, in the Therapeutic Day centre. The meeting will be co chaired by Fiona Rowan (Interim Improvement Manager for Resettlement) and Brigene McNeilly (family carer) but has other families as members together with hospital staff. The purpose of the group is to involve families in any improvement work being embarked by the hospital and to also include families in any new developments of services. Families have made several suggestions for improvements in communication and these are being embraced by the Clinical Multidisciplinary Improvement Groups.

With the launch of the Belfast LD Forum (see article page 7), it is anticipated that the Muckamore Carers Forum will also be included in this and lead the review of future work on the Assessment and Treatment model for LD.

If you would be interested in joining this forum then please contact Brenda Aaroy on email brenda.aaroy@belfasttrust.hscni.net or phone 028 95049769 for more details.

ANNUAL HARVEST SERVICE

MOYOLA
FRIDAY 25TH OCTOBER
14:00

ALL PATIENTS, STAFF AND ADULT FAMILY MEMBERS WELCOME TO ATTEND.

RELIGIOUS SERVICES

FATHER EMERSON
CELEBRATION OF MASS
MOYOLA GYM
1ST SATURDAY OF EVERY MONTH AT 3.30PM

ST COMGALL'S CHURCH
FRIDAYS 10AM
IF ANY PATIENT WOULD LIKE TO ATTEND MASS AT ST COMGALL'S PLEASE LET STAFF KNOW

Chaplains offer pastoral religious/spiritual care and support to all who request it (staff and patients)- to talk about whatever is important to you, to listen without judging you and just be there for support or for prayer and sacraments. To contact the Chaplains please call the switchboard on 028 9024 0503.

Chaplaincy
Listening Caring Praying

REV PAUL REDFERN
MULTI-DENOMINATIONAL CHURCH SERVICE

MOYOLA GYM

THURSDAY AT 11AM
SUPPORTED BY SPEECH AND LANGUAGE SERVICES AND MUSIC THERAPIST

SENIOR CLINICAL FORUM

(by Dr Ken Yeow)

It is no secret that Muckamore Abbey Hospital is going through an extremely challenging time. A lot of hard effort is being put in by many different people in an attempt to stabilise and rebuild the organisation. In addition to managerial structures and approaches, there is a need for strong clinical leadership to harness the experience and expertise of frontline staff in terms of informing plans for the future.

To this end, with the support of the hospital management team, clinicians from all disciplines within the hospital have recently established a Senior Clinical Forum (SCF) which currently meets for an hour on a weekly basis. The main aims of the SCF are:

- To provide mutual professional support and build positive working relationships among senior clinical staff across the different disciplines.
- To develop a clinically-led, collective multidisciplinary voice as regards the key issues faced by the hospital, and potential ways of addressing them.

To facilitate better two-way communication between staff 'on the ground' and colleagues in formal management roles, as well as families/carers.

CLINICAL MUILTI-DISCIPLINARY IMPROVEMENT GROUPS

(by Dr Joanna Dougherty)

At Muckamore Abbey Hospital, we have been working very hard to create visible structures at ward level aimed at not just sustaining but improving patient care. One such recent development is the initiation of ward based Clinical Improvement Groups. These are multidisciplinary groups run by ward staff to discuss important business issues such as patient safety, quality improvement and the clinical environment. They are operations focused but, importantly, encourage evaluation and ideas from the staff on the frontline, who know their patients best. The monthly information is shared with hospital management including any areas which require more thought or resources and ideas for quality improvement. This idea was inspired by the East London Health Foundation, who visited Muckamore Abbey hospital a few months ago and shared with us the positive experiences of multidisciplinary ward teams using this model. While it is in its rela-

PIpA has now been rolled out on most wards and feedback is positive from the teams on its benefit towards better communication and follow up of tasks by the multi disciplinary teams for individual patients.

REFLECTIVE PRACTICE

A space to:

- Stop/think/feel
- A break from DOING
- Notice / pay attention to ourselves
- Promoting reflection and psychological mindedness - helps you notice
- Notice impact of our jobs on us
- Notice what can make us feel vulnerable
- Reflect honestly on our team

DATES

Ardmore / Sixmile / Therapeutic Daycare Staff
10:30 to 12:00 in Portmore Room 3
Cranfield Wards / Erne / Therapeutic Daycare Staff
13:15 to 14:45 in Portmore Room 3
October 9th/November 6th/December 4th

COMMUNICATION GROUP

A 10 point Communication plan has been developed by families and staff and will be used for improvement actions on each ward. If you have any comments or further ideas then drop a message in the feedback boxes.

Many families have contacted me and asked me to pass on their appreciation to the staff presently working at Muckamore. They are very conscious of the impact of the media coverage on staff continuing to work at the hospital and wanted to give their support. Many feel that although there are staff that have let everyone down there are many that have been a life-line to them and feel that also needs to be heard. The future of Muckamore is something that is worrying many of the families that still have a relative here or have used the hospital for emergency care for their relative. It will be a priority to have all voices heard as we go forward and in a way that respects how families wish to engage.

CHERRYHILL UPDATE

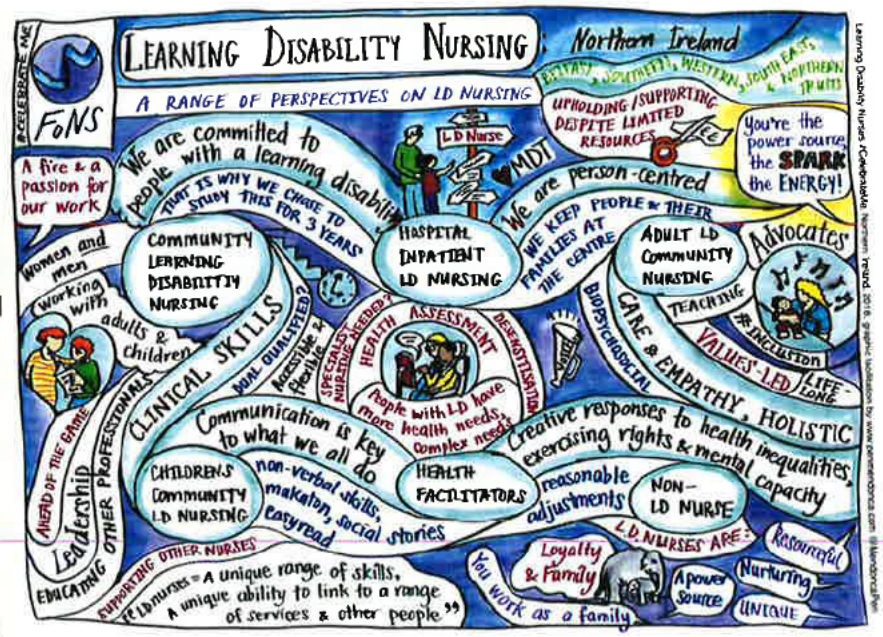
(By Lisa Cathcart)

It's been a couple of months since our last feature and things have been moving at a great pace!

Three people have now moved into their new homes in Cherry Hill and are "lovin life"!!

Plans remain in place for the other folks to join us as soon as they can.

I will be leaving Cherry Hill at the end of the month but luckily enough the new manager, Jenni Morren has already joined the team. Jenni is very excited and is looking forward to meeting all the people, families and staff involved. Jenni will be getting involved in all aspects of Cherry Hill and will be using her vast knowledge and experience to introduce new and bright ideas. Welcome Jenni!



MAKING MORE LINKS WITH THE COMMUNITY

The Therapeutic Day Service in Muckamore and Suffolk Day Centre in Belfast are going to link up and work on a joint art project with the help of Frank, Artist in Residence. Day Service Staff and Frank are going to be going to Suffolk once a week to link up with service users and staff in Suffolk.

Watch this space for the art work created!

Arts Care

The Parents and Friends of Muckamore Abbey Hospital will have their next meeting on November 4th, 2019 at 7pm. More details will be circulated to wards when available.

Look out for these cards

Congratulations to P317 in Erne who won our Hare Picture competition and won a £20 voucher!

"2 hares for the price of 1"

WHAT HAS BEEN HAPPENING FOR PATIENTS?

RO2 (photo of patients)

MUSIC PROGRAMME ABBEY ACTIVE

Abbey Active is a new music programme that has been introduced throughout the hospital with great affect as it has something for everyone. Karen Diamond, Music Therapist has trained staff and the tracks encourage mindfulness, relaxation, exercise, movement, makaton signing and singing. Patient feedback has been very positive and the level of participation has been fantastic. Staff involved in delivering the programme have been delighted with the positive feedback.

RO2 (photo of patients)

RO2 (photo of patients)

On 19th September the Belfast Community Street Soccer Team came to Muckamore to play a football match. After two competitive games we ended up with two draws! It was great to have Conor the coach and the service users from Belfast up to visit.

RO2 (photo of patients)

RO2 (photo of patients)

CRAFTING CLUB

RO2 (photo of patients)

RO2 (photo of patients)

RO2 (photo of patients)

Great exciting news from Therapeutic Day Services. Patients have come together calling themselves The Crafting Group to show their talented creative sides and are making beautiful handcrafted cards for all occasions. Orders can be taken at Moyola Daycare, The Crafting Group plan to have a sale and will ask for donations and have agreed all donations will be donated to a local charity or patients choice. The Crafting Group have given some great ideas for charities that are important to them. The Crafting Group have shown great enthusiasm and are delighted with the cards they have made, they are also very excited about giving back to others and feel this is a great idea and hope to have a very successful future. Also, thank you to Artscare for providing The Crafting Group with a card embossing/cutting machine.

RO2 (photo of patients)

WHAT HAS BEEN HAPPENING FOR PATIENTS?

MONDAY NIGHT POOL CLUB

Monday Night Pool Club started at the end of April 2019 and has been on each Monday Night from 6 to 8 at Portmore. The standard of the pool has increased dramatically since then and looks likely to continue to improve. Volunteers from St Vincent De Paul have started to attend twice a month to test the skills as well as providing some craic. They have also very kindly been bringing a bag of goodies for those that attend which is much appreciated.

GARDENING

The counsellor on site kindly donated tomato plants to the Therapeutic Day Service and our patients have been planting and maintaining these, as well as using them for cooking and in salads!

The Conservation Volunteers Saturday group —The Green Gym continues also, bad weather doesn't stop us!

BEST KEPT DAYCARE FACILITY 2019 (BELFAST REGION)

Patients and staff from Therapeutic Day Services in Muckamore Abbey Hospital are absolutely delighted to have received the Best Kept Award for the second year in a row. Everybody has been working extremely hard to achieve this and it is great to see the hard work paying off. This year as part of introducing a 7 day service to provide patients on the site with meaningful activity at weekends and in the evenings, we now facilitate two gardening Groups on a Saturday which is supported by Conservation Volunteers. The tutors knowledge and support has not only enhanced the look of our gardens but also provided much needed education on what to grow and how to look after our flowers and plants. We also have an Open Gardening Group on a Wednesday Morning, whereby everyone in the hospital is welcome to participate and contribute to improving the outdoor space available for patients, families and staff to enjoy. Mrs Heaney, Director of Adult Social and Primary Care commented, "This is wonderful news and a credit to all the day care staff and the wider teams at Muckamore" Patient and staff are already working on their strategies on how to 'Win 3 in A Row' next year!

RO2 (photo of patients)

RO2 (photo of patients)

BELFAST LEARNING DISABILITIES SERVICES FORUM

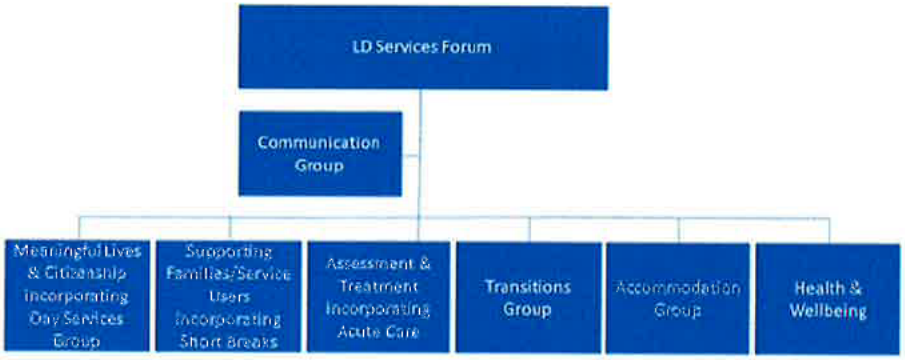
On September 25th, 2019, we welcomed family carers and staff from across our learning disability services in Belfast to the launch of the Belfast LD Services Forum.

The Belfast Trust Board has made a strong commitment to involve families in the development of services that will be delivered to adults with a Learning Disability now and in the future. They believe this voice is vital to improving services so they deliver better outcomes for service users, patients and their families.

Our approach fits very well with the heightened focus on Learning Disability Services, which is being regionally reviewed and presently led by the Health Board under the direction of the Department of Health.

In Belfast, we are proposing the following structure, which reflects the main elements of the service which need development.

Belfast Trust Learning Disability Joint Working Structure with Carers & Staff



Each one of the work streams, including the Communication Group and the overarching forum, will be co-chaired with a staff member and a family carer.

Our first session in the Innovation Factory in Belfast, started work on scoping each of the work streams. We asked families what they would like to achieve from this joint working, what information, training and support they would need to be able to understand the service and to contribute effectively to the improvement work. Based on this feedback we will shape the terms of reference for each of the groups.

We have over 100 families that have expressed an interest in being involved in this work. Some have said they would like to be part of workgroups, others will contribute by email or questionnaires and others want to speak one to one with some of the groups. Family carers at different stages of life with their relatives, have different commitments but providing a way for them to have their voice heard is one of the keys to success of our LD Forum.

Our staff within LD really supported this event and are looking forward to this new type of partnership working with our families.

This is the start of a journey and we need to nurture and develop this new type of working but we believe it is the way forward to build a better quality of life for everyone with a learning disability in our community.

NEWS

We now have some new faces at Muckamore for the next few months

Jan McGall—Senior Improvement Manager for Hospital Services

Fiona Rowan—Senior Improvement Manager for Resettlement Services

Cahal McKervey—Interim Assistant Service Manager

And welcome back to Rhonda Scott as Interim Assistant Service Manager

We also have a new GP on site—Michael and a new part-time dietician -Sharon so a warm welcome to you both as well

Welcome back from maternity leave and congratulations to all our new mums and dads. We hope your bundles of joy will bring you much happiness.

Make sure if you haven't already got your jab that you do, to protect yourself and our patients this winter.

This is our 3rd newsletter and we are hoping to continue to issue one every couple of months. Everyone is welcome to contribute with a story and better jokes than this!!

Contact:

miriam.mccomb@belfasttrust.hscni.net

or drop a contribution at the reception desk in Six Mile.

FAMILY COMMUNICATION SESSIONS

Marie Heaney held a series of Communication meetings with families during the last week of September 2019 to reassure them that care in the hospital was safe and that no decisions on the future of Muckamore would be taken without consultation with families, staff and patients. The Department of Health will be leading this engagement with families and you will receive further information on how to contribute to this.

Cherryhill Service opened in June 2019

Cherryhill Review

June 2020

Author: Fiona Rowan with thanks to the Review Team and all involved, including contributions from Cherryhill Management, Staff, Service Users, Carers, Carer's Advocate, BHSCT Finance and BHSCT Service Improvement.

Contents

Appendix

I. Cherryhill Review Planning Meeting

II. Recruitment Summary

III. Breakdown of Staffing for Service User Needs

IV. Service User Satisfaction Survey (Template Used)

V. Feedback from Service Users

VI. Staff Satisfaction Review- (Current Staff) Original Responses

VII. Staff Satisfaction Review- (Former Employees) Original Responses

VIII. Inter Trust Recharge Agreement

IX. Family/Carer Feedback

X. Information Pack Given to Abbey Road Neighbours (Development of Cherryhill)

Due to the size and confidential service user / carer information contained in the appendices, please consider if these require printing.

1. Background

Cherryhill was opened in June 2019 as a statutory Supported Housing facility as part of Belfast Health & Social Care Trust. Cherryhill is situated adjacent to Muckamore Abbey Hospital and had originally been a group of houses known as Oldstone, which was also used as a Supported Housing step down for patients from Muckamore Hospital, the scheme had been closed down and lay empty for many years.

A decision was taken in 2018/19 to refurbish the houses and to re-open them to enable a group of patients from Muckamore to be discharged to the community. Due to the discharge pressures and limited availability of placements, the scheme was agreed as a regional service with patients from Belfast HSCT, Northern Trust and South Eastern Trust proposed for placements. The scheme was to provide accommodation for 9 service users along with a staff base. Between August 2019 and March 2020, 3 service users moved in.

Placement Status (June 2020)

Placement (Total 9)	**Status**	**Trust**
3	Discharged from hospital	2 x Belfast Trust 1 x Northern Trust
3	In-reach expected to recommence within next few weeks (June 2020)	Belfast Trust, Northern Trust and South Eastern Trust
1 – placement released for alternative Community person from BHSCT	Reassessed for Nursing Care (specialist)	South Eastern Trust
1	Being reassessed for suitability	Northern Trust

1	Started visits but declined to enter the building, now on hold with covid concerns, patient is elderly with physical health conditions	Northern Trust

2. Terms of the Review

In February 2020 Marie Heaney, Director of Community Learning Disability Services commissioned a review of the scheme to explore the following areas:

a) Recruitment
b) Feedback from staff, service users and carers
c) Limited number of admissions (3 out of 9 placements)
d) Financial position

3. Methodology

The review was been carried out in partnership with the service, following the ethos of an appreciative enquiry. Therefore, the Assistant Service Manager (ASM), Registered Manager and Deputy were involved throughout the review.

An initial meeting was set up which included staff from the Supported Housing Scheme, their line management and members of the Review Team (see minutes in Appendix I). The meeting identified roles and responsibilities during the review process and agreed the information to be gathered.

The Review Team membership included:

Fiona Rowan (Lead)

Ann Stevenson & Kim Murray (Resettlement)

Brenda Aaroy (Carers Advocate)

Danielle Geraghty (Service Improvement)

Anne Campbell, Jennifer Morren, Peter Hoper (ASM and Cherryhill Management)

Information for the review was gathered through:

Staff interviews, including current and former staff

Service user feedback

Carer feedback

BHSCT Financial Accountant

Original Information Pack given to Neighbours for the Scheme.

Where any issues arose during the review, in particular through feedback from staff and carers, these were shared immediately with the senior management of Cherryhill for action.

4. Summary of Findings and Recommendations

This section provides a brief synopsis of the findings that are detailed in the main body of the document and focus on the aspects that were originally commissioned.

a) **Recruitment:** difficulties in 2019 were found to be a major factor in limiting the service to the initial 3 placements. The service responded and has made improvements which continues to increase staffing. Since March 2020 Covid-19 then impacted admissions and hospital in-reach, which is gradually resolving.

b) **Feedback from service users, carers and staff:** 34 members of staff were interviewed along with feedback from 2 carers and 2 residents. Themes from staff interviews are included in the document. There is a balance of positive feedback alongside constructive suggestions which included comments about high staffing levels and an eagerness from the Team for improving the quality of life for service users and the service they provide at Cherryhill (post Covid). The feedback was shared with Cherryhill management during the review to start action planning with the staff Team.

c) **Limited number of placements (3 out of 9 placements commenced):** two main obstacles were identified by the Review Team. Firstly, staffing levels were believed to not be in place by the Cherryhill service. These were based on the original assessed needs, which now require review. Secondly, patients were initially 'selected' without comprehensive assessments of need. Therefore, not all the patients originally identified were suitable to have their needs met through the service and this leads to significant delays.

d) **Financial Position:** the scheme was intended to have been filled within a few months and therefore funded through resettlement monies from Inter-Trust Agreements within a much shorter timeframe. As this did not happen the scheme continues to be a cost pressure to BHSCT. Some of the reasons include; staffing levels were not increasing so the in-reach for 2 further patients was stopped (Dec/Jan 2020), recognition that a number of proposed patients may not have their needs met and that comprehensive assessments were now required which takes resources and time, a patient declined and Covid-19 set in. This combination led to no further movement in 2020. To further compound this situation the recruitment started to improve with Covid-19 preventing in-reach, so costs increased with no admissions to off-set the cost.

The review recommendations are based on the detail found in the main body and placed at the start of the document for reference purposes.

- The final resettlement patients are highly complex and are likely to require a different and more bespoke environment. Had comprehensive assessments been completed first this may have been identified sooner, while acknowledging this would have required resources into resettlement.

- Resettlement staff from referring Trusts were similar to BHSCT and are beginning to working on comprehensive, needs led assessments driving the decision, with psychological in-put where appropriate. As a number of the originally 'proposed' patients are likely to be unsuitable (3 out of 9 may be unsuitable).

- The former practice of patients being 'named' for schemes should be avoided.

- Covid-19 has led to the service continuing to appear less viable as no further admissions have been able to progress as recruitment has improved. Monitoring of the workforce should remain a priority and Finance updated of changes that effect the scheme costs.

- Following discharge and a stable period in the scheme, the service should review the staffing needs of each individual along with care managers and keyworkers to ensure that the least restrictive staffing level is in place and to increase the independence of service users where appropriate.

- Where the service is 'over staffed' due to covid-19 preventing in-reach, it is understood that alternatives for staff have been considered. This may require further action dependent upon in-reach re-starting and 'second waves' of the pandemic. Plans to review in and out-reach are in discussion at the time of the review being finalised (June 20).

- Occupancy to full capacity should be a priority once in-reach can re-start. Due to a number of patients no longer being assessed as suitable, BHSCT have held a property with a potential transfer from Community Teams rather than a discharge from Muckamore. There are potentially going to be further 'non-admissions' from the original proposal, which will require decision making (June 2020).

- The use of unallocated houses may be an alternative and require a decision as to the future of unused property e.g used for BHSCT Community needs, disposal of property, remain vacant, other Trust uses or transfer to another Trust.

- Recruitment challenges have been reviewed by the service and improvements have been made, this should continue with specific recruitment for Cherryhill and clear identification of the location and Trust involved.

- The feedback from staff and carers has been feedback to the ASM and the recommendation that this should be taken forward through Action Planning / Service Development as an opportunity to engage with staff, service users and carers, to make improvements and to ensure the development of the service. For example, a review of staffing levels, transport, activities, shifts and communication.

- Service user feedback was positive, albeit limited due to Covid and number of service users in the scheme. It was identified that further work towards empowerment, control and autonomy were areas for development.

- The general housing environment provided at the scheme will continue to be a barrier and limit the complexity of need that can be placed in the service. Due to the limit on complexity and regional referrals, the setting would have been more suitable for provision by a community and voluntary provider. Senior management may wish to consider if the scheme is a best fit for statutory services in the long term.

- The development of statutory schemes should be targeted at providing services for patients with the most complex needs

- Due to staffing resources in resettlement, including BHSCT (not Cherryhill resources) the completion of comprehensive assessments will continue to delay progress and admissions.

- Carer Feedback was limited, one carer was noted to be ‘Do Not Contact’. Where there is a record on a patients file of ‘Do not contact’, there should be consideration of a review process, taking into account consent and capacity of the patient and especially around periods of change.

- Guidance from DLS and Human Rights should be considered prior to assurances or communication with communities about excluding patients with forensic backgrounds.

5. Covid-19 Impact

The scheme and admissions to the scheme have been effected by the Coronavirus pandemic. All hospital in-reach work and patient visits to the scheme had to be suspended. A patient and a number of staff from the scheme were tested positive with covid-19 and one of the patients was in hospital for several months.

6. Challenges to Admissions

The initial challenge for Cherryhill was staff recruitment, the recruitment history is detailed in Section 7 and Appendix II. The consequence of limited recruitment has been that admissions were delayed throughout 2019 and early 2020 as the scheme was unable to achieve the level of staffing required for each admission. Some in-reach commenced with patients in Muckamore that was later suspended due to lack of staffing.

An additional challenge was how potential admissions for the scheme had been identified in 2018/19. It would appear that assessments were not carried out prior to the decision making for the proposed placements. Following a number of unsuccessful trial leaves at the end of 2019 (not to Cherryhill), it has now been acknowledged that placements must be based on needs led assessments and therefore more detailed assessments for Cherryhill were required. The majority of these comprehensive assessments are now underway, however, the result is that 3 of the 9 proposed patients for the scheme are likely to be unsuitable due to a combination of their care needs or the environment.

7. **Staff Recruitment**

The table in Appendix II provides a summary of the Cherryhill recruitment campaigns from January 2019 – January 2020.

While the service falls under BHSCT, the location of the service in Antrim area does appear to have led to difficulties. The service has been taking steps to address and to improve targeting their recruitment. Trust wide adverts have since been stopped for the service. Further analysis and actions are outlined by the scheme manager below.

Recruitment in 2019 was recognised regionally as a pressure for social care in both statutory, community and voluntary sectors. Setting up a service required high levels of recruitment, with a team of over 30 Community Support Workers (Band 3) staff required.

The current situation is that recruitment has improved and there are staff available for a further 2 patients to start discharge planning. Unfortunately, due to covid-19 was unable to be progressed. Resulting in staff costs continuing to increase without admissions to the scheme.

The Scheme manager provided an analysis of the recruitment challenges faced by Cherryhill;

Recruitment Analysis from Cherryhill Manager on Possible factors that impact or delay recruitment for "Cherry Hill"

- *Length of time for:*
  - *AccessNI to be completed (6-8 weeks minimum)*
  - *References to be received (RSSSC chasing referees)*
  - *Candidate to submit paperwork*
  - *Issues identified on AccessNI, personal declaration or reference to reviewed by recruiting manager / chair and submitted to RSSSC*

- *Cherry Hill is situated close to Antrim Town but is managed by Belfast H&SC Trust. Candidates do not realise this when applying and at interview realise it is too far to travel. The job description was updated to reflect this in the hope that it would be clear from the start that the posts were not located in Belfast. We are interviewing in Cherry Hill so that they can see the location at interview.*

- *Applicants apply for posts knowing that they will be sent an expression of interest for all the vacant posts within the residential & supported living services, if they decline Cherry Hill. Therefore, an advert specifically for Cherry Hill will always attract applications*

from people who want to work in other services. This is especially true for our own Trust staff who are unable to move within services unless recommended by occupational health or HR. Each advert always states "a waiting list will be created", so people apply in the hope they are successfully placed on the waiting list and offered another position.

- *Local applicants feel that Cherry Hill is part of Muckamore and not a separate, community based supported living service. Unfortunately, applicants make a judgement based on the location of the service and not the service itself.*

Jennifer Morren, May 2020

8. Staffing Analysis for Patient Care Needs

A copy of the Staffing Analysis per service user, with a cumulative total of staff required is in Appendix lll. Now that the 3 patients have settled and are well established within the service, it would be recommended that the service reviews the staffing levels required for each individual. The feedback from current and former staff also reflected that staffing levels should be reviewed i.e that there are periods of 'over-staffing'

It is recognised that covid has created an unnatural situation where additional staff have been recruited but unable to fulfil their role as in-reach and discharge was suspended.

9. Financial Summary (Ian Liddle)

*There is no recurrent annual budget provided in respect of Cherry Hill. The funding model is built on one of self-sufficiency as costs should be met through the resettlement packages that follow service users as they leave the acute environment. Where Service Users are from other Trusts we have developed Inter Trust Recharge Agreements (*Appendix VIII) *which outline the basis for us recovering the full cost of care provision from that Trust. Whilst all of this reads well on paper there are a few key issues which have left Belfast Trust carrying quite a high degree of financial risk and exposure in respect of Cherry Hill. These include:*

- *The cost of the Staff House is split and recovered across all 9 service users houses. If there are vacancies amongst those 9 houses then BHSCT is left managing the financial pressure of running the staff house.*

- *No funding was ever provided in respect of the transitional arrangements for getting the Cherry Hill facility fully up and running at full capacity. We are over a year into this now and there remain only 3 service users in place.*

- *There is a gap between getting all the necessary staff in place in anticipation of a service user moving in and the start dates of those staff. The Inter Trust Recharge Agreement allows for charging to start at the point that in-reach commences. In the event that the service user doesn't take up the place the BHSCT are left with the financial burden of paying for those staff whilst and alternative Service User is sought, which can result in significant time lag. The Recharge Agreement allows for us to charge other Trusts for up to 12 weeks in these events however this isn't applicable when the Service User is from Belfast Trust.*

- *Cherry Hill completed 2019/20 with gross costs of £724k. Income of £164k is anticipated from Northern Trust in respect of 2 Service Users (one of whom we charged for in-reach only and who never moved in). We have also anticipated £331k in respect of a BHSCT Service User. This leaves an unfunded financial pressure of some £229k which sits as a pressure within the LD Budgets.*

- *The current level of vacancies continue to cause financial pressure for BHSCT as the daily costs of the facility cannot be recovered over just the 3 Service Users current in place. From a financial perspective occupancy to full capacity of the facility needs to be prioritised or decision reached about selling some of the empty houses on the basis the model is not as successful as was hoped.*

Ian Liddle, June 2020

10. Feedback from Staff, Current and Former Employees

A questionnaire for staff feedback was developed and agreed by the Review Team, a copy of the questions and original responses are in Appendix VI (Staff Satisfaction Survey). The same feedback form was used for current and former staff for consistency, Appendix VII. Table 1 provides a summary of the staff involved in the feedback and Table 2 provides a summary of the themes that were identified.

Covid-19 has impacted service delivery and quality of life for the service users. The feedback was generally very positive about management and support, with a high median rating of 9/10. There were also a range of relevant suggestions on staffing levels, transport, communication, ‘deviations from care plans’ for follow up by the service.

The management of the service were provided with a copy of the staff feedback prior to the completion of the review to take forward actions identified in staff feedback.

Former staff had a lower median of 5 and flagged about high numbers of staff on duty and suggested using higher staff levels for activities and outings with service users (post-lockdown) (Appendix VII).

The service has been given the feedback as an opportunity to engage with staff towards service improvements and the development of Cherryhill.

Table 1

Cherryhill Staff Review **Interviewers**	Danielle Geraghty (current staff) Ann Stevenson (current staff) Fiona Rowan (former staff)
Interview Period	February 2020 - June 2020
Staff	36 members of staff (plus 1 agency) 1 Manager 1 Deputy Manager 8 Senior Support Workers 26 Support Workers 32 staff members interviewed - 7 in person (1 agency), 25 by telephone due to COVID-19. 1 staff member on maternity leave, has not commenced post. 2 did not wish to complete 1 member of staff off sick. Voicemail left and asked to return call if she wished to complete. No response received. 2 messages left for 1 member of staff to return call to complete. No response received. 2 former staff plus 2 with no response
Staff rated their overall experience of working in Cherryhill out of 10	The median of the responses was 9 out of 10.

Table 2

Theme	Narrative	Learning
Staff/management	All very complimentary, positive and supportive of management and colleagues. They felt they were made to feel welcome and part of the team in a relaxed atmosphere. Staff's knowledge, input and experience valued by management. Their ideas are heard, carried out and sometimes implemented.	
Transport for service users	Would like to have the choice to take service users out.	A minibus would be really useful.
Not very busy	Staff aware COVID has postponed service users moving to Cherryhill.	Will get busier when things return to normal.
Rotas **Night shifts** **Changes**	 Shifts spread throughout the week. It messes with sleep pattern. Rotas changed and staff not informed if off on leave.	 Would prefer 3 nights in a row. Text staff to make them aware of changes.
Transition period	Transfers can be rushed.	Service users should have a longer transition.
Paperwork **Missing**	Paperwork missing that should be available. Service users moving; referral documentation missing e.g. business continuity plan, no care plan in place. Things should've been done before service set up.	All paperwork required not be provided. Maybe a checklist could be compiled and completed.

Different process	Different Trusts do different things	Standardised paperwork drawn up and issued to all Trusts.
Induction **Courses**	Some staff completing courses after starting post e.g. MAPA and medication. Put down to work night shifts without the training. More training for staff not coming from a care background.	2 week induction should be complete before commencing post. Staff should not cover nights until all training complete.
Communication	Not always the best. Some information can be missed. Can come into work and things can be changed on a daily basis and not informed.	Service management advised of feedback
Systems **Email address**	Access to systems and training should be arranged for starting. Cannot access service user information without this. Still doesn't have an email account.	Paris accounts should be set up for staff to access and a list of who to contact for systems/issues. Manager dealing with this.
Computers	Only 1 computer for staff members and 2 for management. Difficulty completing e-learning due to this.	
Service users		

Can choose which staff they want to work with them. **Service users asked not to do something.** **Could be clearer boundaries.** **Activities, group activities for services users.** **Tenants Meetings**	Some deviation from support plans "for easy life". This changes and not communicated with all staff members. There are a lot of grey areas (certain rules for certain service user's change). Group activities for service users.	All staff should be involved in all service users' care. PBS plans and Care Plans should not be 'deviated' from without a review process. Aware this can't currently happen due to COVID. Aware this can't currently happen due to COVID.
Building/environment **Had a concern re a service user moving in as the house wasn't suitable.** **Office house**	Doesn't lend itself to certain types of support e.g. if MAPA was required. Assessments aren't what they should be for service users. When have full staff team, the office won't be big enough to cater for a lot of things.	The concern was brought to management.
HR/Recruitment	Professional. Quick. An absolute nightmare'. Had interview (very good), BSO process, was a nightmare. No contact from them.	

	Phoned 2 weeks later - told he got the job. Had to come over from Scotland 3 times to come over - told he had to deliver documents in person. When post was advertised, it wasn't clear where post was. Said Belfast Trust, not Cherryhill. Lack of coordination and communication. Rang 2-3 times to submit paperwork. Paperwork was lost by HR, McKinney House.	

Danielle Geraghty 10/06/20

11. Patient Experience (Kim Murray)

Report on Service User Feedback on Service in Cherry Hill 26.05.20

There are currently three patients who have been discharged from Muckamore Abbey Hospital to the Supported Living Scheme in Cherry Hill. As part of the feedback, we had hoped to enrol the assistance of each service user's advocates in order to ensure the information was impartial from the BHSCT. Due to Covid 19 restrictions, that has not been possible due to social distancing advice. One of the Advocates did complete the service user feedback form but was unavailable to provide the feedback and the other two of the Advocates did attempt to conduct the interview over the phone but both service users chose not to participate and said they were not comfortable completing it over the phone.

The following feedback was obtained by staff from Cherry Hill given the time constraints and the tool used to gather this information is one that is used throughout the Intellectual Disability supported living service in the Belfast Trust. A band 5

Senior Community Support worker completed feedback while a band 3 community Support Worker completed the other. This template has considered the communication limitation of people with Intellectual Disabilities and contains pictures and symbols to support the written content. The document has a simple layout with easy to understand language however, it does not allow for open discussion or patient's comments. There were 10 questions in total with three possible responses (Blank Template in Appendix IV, responses in Appendix V).

All three-service users in Cherry Hill would have the capacity to participate in the feedback exercise. One of the three tenants in Cherry Hill was not able to participate in the feedback due to being hospitalised.

Analysis of the Feedback

Overall, the feedback on the service in Cherry Hill was very positive. Both service users selected option 1 for 7 of the questions. This was the best response possible to those questions and option 2 was chosen for the remaining three questions. This is a fantastic achievement for a new service where staff and service users are still establishing their relationships.

The seven question that achieved a high response related to staff support with everyday living tasks such as meals choices, support with self and home care as well assistance with medication and feeling safe. Service users also reported being satisfied with how they spend their spare time.

Service user responses to the remaining three questions, while not the optimum responses they were not the lowest either. These questions focussed on service users perception of how they view their life, how empowered they feel and how staff treat them.

The responses shows that this is an area for development and the service needs to create more opportunities where tenants can feel like they have more control and autonomy over their decisions and choices. This could potentially allow the relationship between the service users and staff to develop and strengthen further.

That said, this must be balanced by the fact that the two service users have challenging behaviours that respond to structure and routine and that for staff to trust and engage in more positive risk taking, allowing tenant's to make more decisions and choices will be dependent on staff confidence and their ability to share the burden of this with other members of the multidisciplinary team.

It was our regret that the tenant's Advocates could not be involved in this feedback exercise but it would also be a recommendation that the service at Cherry Hill would use the Advocates for all future service user's feedback, to ensure impartiality.

And finally, one of the Advocates who had completed one of the feedback forms but was not able to access and include it in time for the review has requested that a comparison be done at a later stage between her feedback and the feedback that was got by Cherry Hill staff and this was agreed.

Kim Murray, May 2020

12. Carer Feedback

There are 3 carers / families involved with patients discharged to Cherryhill, so feedback was limited. As Carer's Advocate, Brenda Aaroy led the feedback which was mostly positive about the service and an acknowledgement that experiences have been impacted by the covid lockdown. A structured Carer Feedback Form was developed and the full responses are in Appendix IX.

- Carer One: declined to complete the form, verbal feedback on the service was provided as positive, Appendix IX
- Carer Two: lives in a Nursing Home and during Covid was unable to comment
- Carer Three: the feedback form was completed and feedback was shared with Cherryhill management for follow up. Positive feedback was that pre-lockdown the persons relative believed they had been given increased opportunities to be out in the community than compared to being an in-patient. Carer said she would have preferred more information and contact. Hospital records indicated 'Do not contact', Brenda Aaroy confirmed that hospital newsletters and information had not been sent.

Therefore, where there is a record on a patient's file of 'Do not contact', there should be consideration of an agreed review process, taking into account consent and capacity of the patient and especially around periods of change. The initial request for feedback was

stopped due to this marker on the file. It was requested by the Review Team that this should be explored further and following conversations with service user and carer, there is now a limited and agreed communication in place.

13. Neighbours (Jennifer Morren)

Cherryhill is located in a cul-de-sac and along the Oldstone Road outside Muckamore Abbey Hospital. As a community Supported Living Scheme, there are local residents living directly opposite parts of the scheme. Prior to the scheme being re-opened there was a consultation with the local residents and a copy of the document is in Appendix X.

Summary of Neighbourhood Involvement

- *There are 4 privately owned properties within our Cul-de-sac of Abbey Gardens.*
- *Prior to Cherry Hill opening there were conversations with neighbours regarding who would be living within the service, an agreement was made that there would be no 'forensic backgrounds' at this time. See Appendix X*
- *When the service commenced 1 was vacant and the other 3 were occupied.*
- *The neighbours have been accepting of the service and engage in passing with staff and individuals, however there is not much interaction.*
- *The one neighbour we had contact with has now moved, however we had previous conversations around parking and him being able to share our parking for his sons van, he also engaged and did gardening with one of our individuals. The relationship was positive, with cards and gifts being exchanged at Christmas.*
- *Overall we have had no complaints from our neighbours and we hope that this continues.*

Jennifer Morren, April 2020

14. Environmental Considerations

The Cherryhill Scheme is situated in a cul-de-sac of semi-detached houses and bungalows that face onto the side road leading into Muckamore. The properties were not specifically designed for people with complex needs. While steps have been taken to improve the properties, certain features such as narrow staircases and hallways will limit the complexity of need that can be met in this setting. Where there is a requirement for 1:1, or 2:1 staffing, or use of MAPA techniques required, the difficulty of using these properties starts emerging as a challenge to safely support some individuals and will therefore limit the service to patients with less complex needs. At the time of the review, one of the proposed service users was starting a more comprehensive assessment as it was appearing likely the environment will be unsuitable (NHSCT).

At this stage of resettlement, one of the key areas for assessment is to ensure the development of bespoke environments to best meet the needs of the remaining long stay population. Well designed environments serve a vital role in meeting needs and can often lead to a reduction in incidents and use of physical interventions and an improvement in quality of life.

Cherryhill is also situated in a remote area with no local amenities other than the hospital, therefore any community integration is dependent upon transport.

A thank you to the contributors…

I would like to extend a thank you to all the contributors involved in the Review

Brenda Aaroy

Anne Campbell

Danielle Geraghty

Peter Hoper

Ian Liddle

Jennifer Morren

Kim Murray

Ann Stevenson

And of course a final, special thanks to the staff team, service users and carers who continue to be involved with Cherryhill and I would like to wish you all the very best for the future development of your service.

Fiona Rowan

Appendix I

Cherryhill Review Planning Meeting

26th February 2020

Attendees

Fiona Rowan	Service Improvement and Iveagh Service Manager (Chair)
Kim Murray	Community Integrations Coordinator
Ann Stevenson	Community Integration Nurse Manager
Danielle Geraghty	Service Improvement Support Worker
Jolene Welsh	Governance Manager
Anne Campbell	Cherryhill Operations Manager
Jennifer Morren	Cherryhill Scheme Manager

Purpose of Meeting

Fiona has been asked to carry out a review in Cherryhill and has asked for support from attendees to complete this.

Cherryhill Update

- Cherryhill opened in June 2019. First person moved in August 2019 (work began for this January 2019)
- Three service users have moved here to date.
- Issues around recruitment – 5 recruitment campaigns to date. Recent advertisement specified that the posts would be for Cherryhill – previous ones had been more generalised.
- Difficulties with HR process – individuals had left paperwork to BSO – BSO reporting they did not have paperwork.
- 36 applicants waiting to be shortlisted
- Current staffing adequate for current service users residing there.
- 5-6 new members of staff beginning induction on Monday 2nd March.
- Service users proposed for Cherryhill to date required more substantial assessments to indicate that their needs can be met here.

- There was a previous assurance from co-director Mairead Mitchell with local residents in Cherryhill that no service users with a forensic background would be resettled there. Any decisions to change this would require discussions with DLS.

Areas for review

1. Feedback from service users, carers, families, current staff and staff who have left.
2. Recruitment and improvement process.
3. Environmental review
4. Budget

Responsibility	Narrative
Fiona Rowan	• Fiona has information on staff who have left post and will contact them for feedback.
Jenny Morren & Kim Murray	• Jenny and Kim to link in with patient advocates and get feedback from service users.
Ann Stevenson & Danielle Geraghty	• Ann and Danielle to meet with staff and get feedback on their experience of working in Cherryhill.
Anne Campbell & Jenny Morren	• Jenny and Anne C to speak with new staff on their experience of the trust recruitment process.
Jolene Welsh	• Jolene will look at the history of Cherryhill around recruitment.
Anne Campbell	• Anne Campbell will forward Fiona the following information on recruitment; Dates, how many, lift offs, how posts were advertised, changes to interview process and a table showing challenges in the recruitment process.
Jenny Morren	• Jenny will provide a paragraph on relationships with neighbours.
Brenda Aaroy	• Brenda will get feedback from carers.
Anne Campbell	• Anne C to send blank staff questions through to Danielle and Ann pre meeting with Cherryhill staff.

Jenny Morren & Anne Campbell	• Jenny and Anne C will review the current referral process/form.
Catherine Prodris & Adeline Fox	• Adeline and Catherine to be asked to look at limitations of the Cherryhill environment for future referrals.
Fiona Rowan	• Fiona will show costs of service users previously and now. Fiona has been reviewing this with Ian Liddle. •
Anne Campbell	• Anne C will review operational meeting minutes, looking at themes that Danielle could review.
Jenny Morren	• Jenny to check when Staff welcome pack started, and if it was used on previous new starts.
Anne Campbell and Jenny Morren	• Statement of purpose • Access to day services

Next meeting 25th March, 2pm, Portmore. Room to be confirmed. Minutes taken and typed by Ann Stevenson

NB Next meeting was cancelled due to Covid

Appendix II

Recruitment Summary

Date of Recruitment Campaign	Recruitment Details	Outcome
28th January 2019 Cherry Hill Specific	2 week Facebook and Instagram campaign 1 week local newspaper advert 91 applications received 79 shortlisted 42 rang for an interview slot	36 attended for interview (28/2/19) 33 were successful 13 withdrew, 10 commenced on 03/06/19, 5 commenced July – August 2019 5 were allocated positions in other services as they declined positions at Cherry Hill
30th May 2019 Trust Wide Recruitment Posts re-advertised. Delay due to RSSSC needing a "Trust wide waiting list requisition" raised by our retained HR department. Post advertised for Residential & Supported Living Services as per senior management request	35 applications received 31 shortlisted 28 rang for interview slot – 3 withdrew, 15 did not attend	10 attended for interview 9 successful As this was advertised for all services, successful candidates had a choice of posts. 4 accepted Cherry Hill and started on the following dates: Aiden Murray – 10/12/19 Evelyn Bevan – 2/12/19 Kathryn Philips – date not confirmed Curtis Brady – date not confirmed

13th & 14th November 19 Cherry Hill Specific	22 applicants 20 shortlisted 18 rang for interview slot – 1 withdrew, 11 did not attend,	1 unsuccessful, 6 successful. The successful applicants started on the following dates: Louise Donnelly: date not confirmed Rory Speers: 2/3/20 Victoria Connor: date set for July 2020 Lauryn Murphy: date not confirmed Maurice Tolan: already employed at Cherry Hill and was wanting to move within the services but changed his mind Shauneen McAuley – declined Cherry Hill. Is already employed by BHSCT, and was aware she would be offered a post elsewhere within the service.
9th January 20 Cherry Hill Specific	19 applied 19 shortlisted 11 rang for interview slot	4 did not show, 1 was unsuccessful, 6 successful and started on the following dates: Christopher Anderson: 6/4/20 Laura Henshaw: 2/3/20 Chris Fryers: 2/3/20 Stephen Child: 1/4/20 Isobel Leitch: 6/4/20 Chloe Cathcart: 2/3/20

9th March 20 Cherry Hill Specific	36 applicants 24 shortlisted – 19 rang for interview	10 did not show, 1 arrived then refused to interview due to distance to service and 8 were successful Basi McCausland: Brooke Rodgers: 18/5/20 Jayne Garrett: The following are awaiting offers due to Covid-19 and me being off, I am sending information to Operations Manager today for the vacant posts so they can offer to these individuals. Clare MCQuillan: awaiting offer Daniela Novakova: awaiting offer Denise McConville: awaiting offer David McKeown: awaiting offer Jaime-lee Toan: awaiting offer

Appendix III

Breakdown of Staffing for Service User Needs

Service User Initials	Provisional Move Date (Set By Cherry Hill Steering Group Meeting)	Band 3 Staffing required per person	Total Band 3 staffing required	Band 3 Staff Currently in Post
MM	Discharged	2.5	2.5	26
Progress report: Staff continue to provide MM with support around her mental health but has otherwise settled in well to her home and engages well with her staff team. MM has spent a period of time in her bedroom/home and not wanting to engage with staff, she has needed a lot of extra 1:1 support at this time.				
GW	Discharged	3	5.5	26
Progress report: GW takes pride in his home and avails of a placement at Alternative angles for 4 hours on a Tuesday which he would like to increase. Cherry Hill team continuing to link in with MAH psychology team with supporting GW in the community. GW requires more staff support than originally thought.				
Staffing notes: MM and GW sharing a Band 3 response worker at night.				
LC	Discharged	9	14.5	26
Staffing notes: LC allocated 2:1 (1 responder specifically for LC at all times, based in the office)				
Progress report: Temporarily moved back to hospital in December but has moved out again full time to her own home and has been discharged at of 7.2.20.				
PF	July – Sept 2020	4.5	19	26
PF staffing Breakdown: • 6 Hours per day by 2 staff = 84 Hours days support, a week. • Night shift cover – Staff may need to respond to PF's needs during the night, which would require two people to respond to meet PF's needs and manage risk. This would require the response team upped to 2 Band 3's, 12.5 hours by 2 staff = 175 Hours of Night support required per week. This response team to be shared with MM and GW. Meaning PF would need funded for 87.5 hours of night support. • (12x7) + 87.5 = 171.5 Total Hours per week. 171.5 hours / staff members on a 37.5 hour contract = 4.57 staff members required per week.				

Progress report: Out-reach continuing between PF and his key staff team, which is being arranged for his Cherry Hill house. PBS plan being compiled by Sarah Ferris to clarify reactive strategies in the community. Ward contacting family in relation to furniture. Covid-19 causing delays but Cherry Hill continue to work on plans and update information.				
JH	July – Sept 2020	9	28	26
Progress report: In reach with JH currently paused due to impact of uncertainty on JH behaviour. JH visits her house in Cherry Hill once every 2 weeks, or when Ward staff feel it will help her feel more settled.				
EB	Sept – Dec 2020	9	37	26
Progress report: In-reach was ongoing on the ward, EB getting to know his key team and the wider Cherry Hill team. Care planning on-going and this is being reviewed by the team on Erne Ward MAH.				
SM	Unknown	4.5		26
Progress report: Furniture has been ordered by the ward and awaiting delivery. Care planning completed and In-reach ongoing. Financial planning meeting took place on the 20/01/20. DOL's application made. Temporary furniture sourced to progress move. MDT aiming for 17/02/2020. Attempted twice for SM to visit and stay at Cherry Hill, both times unsuccessful				
SB	NA	4.5		26
Email confirmation 7.4.20 that SB has been reassessed as needing Nursing Care.				
MMcC	Unknown	4.5		26
Assessments being done to establish support required – no further information				

Anne Campbell & Jennifer Morren, May 2020

Appendix IV
Service User Satisfaction Survey (Blank Template)

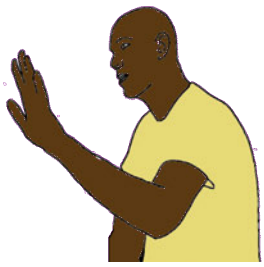
Supported Housing Care and Support Services

Satisfaction Survey

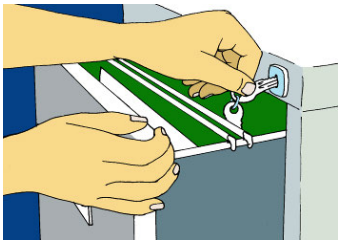
The Questions
This is a form which had questions on it. The questions are all about the care and support you receive from your staff and if you are happy with it or are there things which could make it better. This survey takes into account the Human Rights Act 1998 in relation to choice, dignity, respect, independence and self- determination.

There are no right or wrong answers. We are just interested in what you think. We are asking these questions to lots and lots of people in case we can improve your service.

Why are we asking these questions?
If you answer these questions, we can learn more about what people think about the help they get and make the changes that you want.



Your decision
You do not have to answer the questions if you do not want to. It is up to you. It will make no difference to the care and support you already get from your staff.

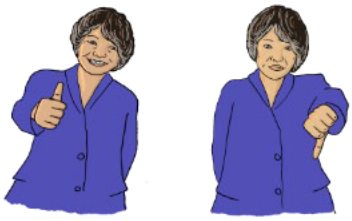


Keeping your information private
The answers you give us will help us to tell others how we can make things better. We will not use your name the only time we would tell anyone what you have said is if you tell us that you are being hurt by someone or you are in danger

1. How do you feel about the way staff treat you when they are helping you?

Please tick (✓) 1 box

I am very happy with the way staff treat me, it's really good		
The way staff help me is ok		
I do not like the way that staff help me		



2. Thinking about all the different things in your life, good and bad, how would you say you feel about your life in general?

Please tick (✓) 1 box

My life is really great		
My life is OK, some good things, some bad things		
My life is mostly bad		

3. Are you happy with the choices and decisions that you make in your life?

Please tick (✓) 1 box

I make all the choices and decisions I want with regard to my life		
I make some choices and decisions but not enough		
I do not get to make any choices or decisions		

4. When it comes to staff helping you to keep yourself and your clothes clean, how do you feel?

Please tick (✓) 1 box

I feel clean and I like the way I look		
I quite like the way I feel and look, it's OK		
I do not feel at all clean and tidy		

5. How do you feel about the food and drink which the staff assist you to buy and make?

Please tick (✓) 1 box

I get all the food and drink I like when I want it and can help myself to any food or drink I choose		
I sometimes get the food and drink that I like		
I never get the food or drink that I like		

6. What do you think about your home and the way your support staff help you to keep it clean and nice?

Please tick (✓) 1 box

My home is as clean and nice as I want		
My home is quite clean and nice, it's OK		
My home is not clean or nice enough		

7. How do you feel about staff supporting you to feel safe and being able to contact staff in an emergency?

Please tick (✓) 1 box

I feel very safe and know how to contact staff in an emergency		
I feel quite safe, but not sure how to contact staff in an emergency		
I do not feel safe at all and do not know how to contact staff in an emergency		

8. Are you happy with how you spend your spare time?

Please tick (✓) 1 box

I spend my time as I want, doing the things I like		
I can do quite a lot of the things I like, it's OK		
I do not do any things I like		

9. Are you happy with the way support staff help you to manage your money?

Please tick (✓) 1 box

Yes, I am happy with the way staff help me and I get everything I want		
Sometimes I'm not happy that I don't get the money I want		
I am not happy at all with the way staff help me to manage my money		

10. How do you feel about the way staff help you to take your medication?

Please tick (✓) 1 box

Yes, I am happy with the way staff help me to take my medication		
Sometimes I'm not happy that I don't get my medication at a time I want		
I am not happy at all with the way staff help me to take my medication		

This is the end of our questions.

Please tick (✓) this box if you would like to receive a copy of the report of this survey.

☐

Name: _____

Thank you for your help

Appendix V

Feedback from Service Users

The following will provide an overview of the responses from the two service users interviewed.

Question 1

'*How do you feel about the way staff treat you when they are helping you?'*

Responses….

1. *I am very happy with the way staff treat me, it's very good.*
2. *The way staff help me is ok*
3. *I do not like the way staff help me*

Both Service user A and B responded by selecting option 2-'*the way staff help me is ok'*

Question 2

'Thinking about all the different things in your life, good and bad, how would you say you feel about your life in general?'

Responses…

1. *My life is really great*
2. *My life is OK, some good things, some bad things*
3. *My life is mostly bad*

Again both service users selected option 2-'*my life is OK, some good things, some bad things'*

Question 3

'Are you happy with the choices and decisions that you make in your life?'

Responses…

1. *I make all the choices and decisions I want with regards to my life*
2. *I make some choices and decisions but not enough*
3. *I do not get to make any choices or decisions*

Both service users selected option 2-*I make some choices and decisions but not enough.*

Question 4

'When it comes to staff helping you to keep yourself and your clothes clean, how do you feel'

Responses…

1. *I feel clean and I like the way I look*
2. *I quite like the way I feel and look, it's OK*
3. *I do not feel at all clean and tidy*

Both service users selected option 2-*I feel clean and I like the way I look.*

Question 5

'How do you feel about the food and drink which the staff assist you to buy and make'

Responses…

1. *I get all the food and drink I like when I want it and can help myself to any food or drink I choose*
2. *I sometimes get the food and drink that I like*
3. *I never get the food or drink that I like*

Both service users selected option 1-*I get all the food and drink I like when I want it and can help myself to any food or drink I choose.*

Question 6

'What do you think about your home and the way your support staff help you keep it clean and nice'

Responses…

1. *My home is clean and nice as I want*
2. *My home is quite clean and nice, it's ok*
3. *My home is not clean or nice enough*

Both services users selected option 1-'*my house is as clean and nice as I want*'

Question 7

'How do you feel about staff supporting you to feel safe and being able to contact staff in an emergency?'

Responses…

1. *I feel very safe and know how to contact staff in an emergency*
2. *I feel quite safe, but not sure how to contact staff in an emergency*
3. *I do not feel safe at all and do not know how to contact staff in an emergency*

Both services users selected option 1-'I feel very safe and know how to contact staff in an emergency

Question 8

'Are you happy with how you spend your spare time?

Responses…

1. *I spend my time as I want, doing the things I like*
2. *I can do quite a lot of the things I like, it's OK*
3. *I do not do any thinks I like*

Both service user selected option 1-*I spend my time as I want, doing the things I like*

Question 9

'Are you happy with the way support staff help you manage your money'

Responses…

1. *Yes, I am happy with the way staff help me and I get everything I want*
2. *Sometimes I'm not happy what I don't get the money I want*
3. *I am not happy at all with the way staff help me to manage my money*

Both service users selected option 1-*Yes, I am happy with the way staff help me and I get everything I want*

Question 10

'How do you feel about the way staff help you take your medication?'

Responses…

1. *Yes, I am happy with the way staff help me to take my medication*
2. *Sometimes I'm not happy that I don't get my medication at a time I want*
3. *I am not happy at all with the way staff help me to take my medication*

Both service users selected option 1-Yes, I am happy with the way staff help me to take my medication

Appendix VI

Staff Satisfaction Review

Current Employees; Original responses

1. **What is good about working at Cherryhill?**
   Positives
   Relaxed atmosphere.
   It's very well planned and organised.
   Great manager, who listens, is approachable and appreciates staff members' experience.
   Everyone is lovely.
   The days are broken up, moving around the different service users.
   Enjoy the shift patterns 3 long days or nights and 4 days off.
   It's different from anywhere else (worked in supported living and Hollywell).
   All of the service users are different.
   Staff and colleagues are lovely/fantastic.
   Good experience.
   Enjoys working in the community.
   Set up really well.
   The work is varied.
   Good team work.
   New challenge.
   Quite a good team, everyone works together well.
   Good interaction with service users.
   Supportive management.
   Good morale.
   Management are flexible.
   Positive interaction with wards.
   Building confidence with service users.
   Enjoy working with the service users.
   Nice to see service users' move from Muckamore to their own home.
   Rotas are done in advance.
   Fairness in shift allocations.
   Made to feel welcome and taken under their wing.
   If they have a question, someone always has an answer or solution.
   Great atmosphere.
   Was off for a few weeks due to personal problems, Jenny was fantastic, really supportive and bent over backwards to help.
   Great team work.
   If there's a problem, not a shortage of staff to pick up shifts and help out. Emergency - nobody has said no to anything asked of them.
   The progress of service users has been great.
   Really good deputy has fantastic skills and knowledge. Both work well together.
   Good working environment.
   Close proximity to all service users and staff helps issues with office being on site.
   Enjoys range of patient presentations.
   Staff's knowledge, input and experience valued by management. Their ideas are heard, carried out and sometimes implemented.

2. What's not so good?

Nothing. Concerns are discussed with the manager (before supervision).
Patients' transfers can be rushed. Some may require a longer transition period (staff member has been in post approx. 10 months).
Nothing so far (a lot only new to post).
Not very busy at the minute.
Not getting out all day to be with the different service users.
Most of the time it's a good environment but a few people bring the team down.
In post nearly a year and nothing is moving very fast. Still working with only 3 service users. Can get boring.
A lot of changes with newer management - poor structure.
Has got better - new manager is good - beginning to settle.
Communication – some review meetings info not fed back quick enough.
Would like to interact with more service users but can't as in reach is postponed due to COVID.
Not looking forward to night shifts.
Service user moved in straight away, would like this to be slower.
Moved from Band 3 to Band 5, in June and didn't receive uplift in pay until October.
Would like rotas more in advance.
Sometimes communication isn't the best. What PPE to wear due to COVID changed on a daily basis.
Service users asked not to do something, it changes and not communicated with all staff members.
Paperwork side, things missing that should've been available. Service users moving; referral documentation missing e.g. business continuity plan, not in place. Things should've been done before service set up.
No care plan provided beforehand, easier if given correct paperwork. Management aware.
Different Trusts do different things. Issue probably because Muckamore is on the same premises, therefore Cherryhill staff can request the info.
Still awaiting access to PARIS.
Could've been a better induction; e.g. who to contact re systems.
Difficult to complete care plans and get information off Paris for risk assessment.
Environmentally, building doesn't lend itself to certain types of support e.g. if MAPA was required.
Service users choose staff that can drive.
Service users choosing which staff they want to work with – some deviation from support plans "for easy life".
Night shifts, off, on, off on etc., messes with sleep pattern. Raised concerns to manager, emailed them.
New staff started in March, a lot aren't MAPA or medication trained. Brought on to work night shift and not trained. Raised a number of times to seniors who raised to management.
Not had a staff meeting in a while (knows this is due to COVID).
Communication - shifts changed while off on annual leave and not notified until back from leave. Should receive a text instead of coming in and seeing changes. Changes sometimes sent to work email address but as off, do not get it until back from leave.
Worked nights, didn't have meds training. Has had meds training now so feels more useful.
One service user wouldn't let him in.
Shift pattern for nights. Prefer to do 3 nights together instead of spread over the week.
A few struggles as new service, teething problems. Trial and error with a lot of things.
The delegation of staff. If service users prefer certain staff then they work with them. Consistency of work. Some refuse to do manual work.
Band 5's don't seem to stay so change a lot.

3. **What are your views on the standard of care and support given to service users within the service?**

Fantastic.
Good staff moral and communication.
Service users can be difficult but the staff are fantastic with them.
Good standard.
Any issues are raised with senior staff and they are sorted.
Staff have great relationships with the service users.
Service users are happy.
The service users are supported.
Service users receive very good care.
How will patients from Muckamore with more complex needs be supported?
Really high standard of care.
Everything is taken really seriously and highly maintained.
Constantly sanitising at the minute.
Everyone knows the service users really well.
Very person centred and delivering support and care.
Great! One service user gets to pick staff management/supporting staff.
Some new staff are still learning but most provide high quality of care.
Good rapport, service users treated with respect and dignity.
Good documentation.
Excellent, well managed, first class.
A lot of new staff starting together - gap in skills - hoping confidence improves.
Given time and support to review care plans etc.
Get a lot of time to get to know service users.
Service user put first, always priority.
Staff are amazing and supportive of the individual service users.
All wants and needs of service users are provided if they can but can't at the minute due to COVID.
If service users have a decline in MH or sick, staff have provided a lot of personal care.
Staff committed to care.
A lot of staff to look after service users.
Excellent care - hopes this continues as number of service user's increase.

4. **Do you feel the training you receive supports your role, and what opportunities for development do you have?**

Positive.
Corporate training was good. It's good the training was done at once and out of the way.
Not over flooded with training.
Supported.
Continual training is fantastic.
Shadowing went well.
Good handover.
A lot of e learning to help support in role.
Good support from manager and seniors.
Early days, so still picking up new skills.
All training completed in first 2 weeks so felt prepared.
Unreal, super, fantastic! 3 Full weeks, was very beneficial.
Would like to complete Level 3 RCF - brought up at supervision.
Good support from manager to attend.
A good standard.
Training attended has been really good.

"I have found learning on the job to be best learning".
Would like more training on autism.
Training is really helpful as only new support worker

Negatives
Would like training to be able to move from Band 3 to Band 5.
Would like to complete NVQ Level 3 but cannot do this until in post for 1 year.
A lot of training, condensed into 3 weeks.
Could be given a bit more training (especially not coming from a care background). E.g. interacting with service users. Once service user is accepting you were on your own.
Shadowing could go on longer.
Meds training wasn't set up for starting. Had to ask manager to go on the training.
Not much talk about completing courses, understands this might be because the service is still fairly new. This is discussed in supervision.
Some staff would like to complete Mental Health Awareness but haven't been able to.
First job in the Trust. More specific training for Band 5.
Would like to go on courses re dementia.
Maybe scope for extra training in terms of actual systems in place.
Struggle to sometimes get places on training.
All training done in first 2 weeks, now new starts doing it at different stages. Training should be completed before stepping in through the door.

5. **What do you think needs to be improved, and how can these improvements be made?**
Too in early in post to comment.
Could use blister packs to reduce medication errors.
Service users could be out and about more.
More in reach work for service users when moving in.
Transport/minibus to take service users out.
Had a concern re a service user moving in as the house wasn't suitable. The concern was brought to management. (In post approx. 9 months)
Building/environmental assessments aren't what they should be for service users. (In post approx. 7 months)
In terms of communication nothing seems to be set in stone. No structure or timetable for the day. E.g. as not many service users. Might see one person for 2-3 hours then free for the rest of the day.
Not enough computers for everyone to complete e-learning; only one for staff and 2 for management.
Training would be better in person rather than e-learning but understands in the current climate this is not possible.
Could be clearer boundaries, there are a lot of grey areas (certain rules for certain service users change).
1 service user is allowed alcohol, risk assessment in place e.g. allowed alcohol on a Saturday therefore no medication can be given but service user might've consumed alcohol for 3 nights.
Communication isn't the best (with both managers and seniors) but getting better. Some info can be missed and then there's a blame game is things aren't done in a certain way.
COVID bringing people down a bit - good team support.
Identified an area with supporting service users with payment. Better way to help the process.
More hands on training.
Communication during in reach could be better.
New staff should have MAPA and medication training before starting.
Make sure all info is passed over or written down.

On nights quite a bit. Knows it is probably down to other staff members being off. Will speak to the manager in a few weeks if no change.
Nothing. The Band 5's, 6 and 7 know what they are doing.
Everything is very good and positive.
More activities, group activities for services users.
Tenants meetings can't be set up yet as cannot have social gatherings.
More community interaction.
Better way of working between Cherryhill and hospital moves.
All staff need to be involved with all service users instead of choosing staff. Staff give in and don't stick to support plan.
I feel I haven't been able to fully work with a service user as other staff do for him and meet his needs.
Staff should only work days not cover nights until fully trained.
Communication between staff and service user can sometimes be unprofessional. E.g. service user says something about another staff member and conversation carried on by service user and staff member instead of being cut off and told unable to continue conversation.
Extension on the office house. When have full staff team, the office won't be big enough to cater for a lot of things.
If had a problem or felt something wasn't right or if could improve went to managers and colleagues, sit talked and tried to make changes, if didn't work went back to drawing board.
Second toilet in staff room.

6. **How was your experience of recruitment process for this role?**

Positives

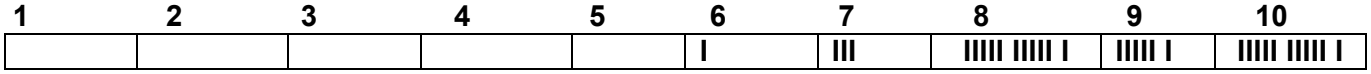
BSO were fine.
No paperwork lost.
Took a bit longer than expected but good.
Quick, smooth, no difficulties.
Professional.
Interviewed Feb, heard 2 weeks later re June start date.
Enjoyed the Trust induction.

Negatives

Lack of coordination and communication. Rang 2-3 times to submit paperwork. Paperwork was lost by HR, McKinney House. Sent paperwork to Jenny who forwarded on. This slowed the process down.
Still doesn't have a Trust email address.
The corporate induction was a bit intimidating and a lot to take in.
Should've started in June 19 (started in September). Attended Occ Health, had to then wait for a further appointment to see a consultant due to a back problem.
Had to chase HR as they said they did not receive paperwork (didn't hold up process).
Had to resend banking details.
Applied, interviewed, shortlisted and offered the job within a day. No word from HR for a few months. Rang for update, informed had not attended medical (appointment sent to incorrect person). Rang again and medical appointment was rushed through.
Quite long, had to ring HR for update.
Still awaiting HRPTS account.
Had to contact HR for feedback.
Waited for Access NI and Occ Health didn't inform HR he attended appointment so had to wait until the first on the following month to start.
Dropped Access NI paperwork up to HR, asked the person he handed paperwork to, to sign, person said he would sign the photocopied version. Received a phone call from HR a few weeks later stating He had to come back to McKinney as they'd received a blank form. Interviewed end May/start June and didn't start post in October.

'An absolute nightmare'. Had interview (very good), BSO process, was a nightmare. No contact from them. Phoned 2 weeks later – told he got the job. Had to come over from Scotland 3 times to come over – told he had to deliver documents in person.
Pay scale – discrepancies pay band wouldn't be honoured (band 6) as worked in a community based Trust paid by local authority.
Agreed start date of 8th November with HR and the team. Turned up for work – HR had him registered to start 12th November.
When post advertised, it wasn't clear where post was. Said Belfast Trust, not Cherryhill.

7. What would you rate your overall experience of working in Cherryhill?



6 7 7 7 8 8 8 8 8 8 8 8 8 8 **9 9** 9 9 9 9 10 10 10 10 10 10 10 10 10 10 10

Danielle Geraghty 10/06/20

Appendix VII
Staff Satisfaction Reviews- Former Employees

Cherryhill Staff Satisfaction Review (Staff who have exited Service)

1. **What is good about working at Cherryhill?**

(LH) Started in June – October transferred to MH Floating Support - had applied for Everton post before Cherryhill but Cherryhill came up first. Closer to home and hours were better for personal life.

Enjoyed in-reach and working with patients in MAH, found this good experience to get to know them first. Returned for a Bank shift at a weekend recently and similar problem, felt too many staff and she wasn't really needed, wondered was this due to MAPA as there were only 3 residents.

(EF) (Redeployed to Greystone) Thoroughly enjoyed being part of a new service, enjoyed working with the service users and in-reach at the hospital. (And is enjoying Greystone)

2. **What's not so good?**

(LH) Believed from own experience that you were with the service users for periods that were too long. A shift in Cherryhill and be with one person for 4 hours at a time sitting in their house with no flexibility to go out due to being advised by senior staff that that they were required to be 'on site' – felt that wasn't good for staff or service user (see below)

New person was coming in as part of in-reach, 'squealed' for long periods and was concerned about supporting the person for 4-5 hours at a time, alone in a house on a 1to1 with no options to go out with them.

(EF) Felt some of the service users due to come out maybe weren't well placed in the bungalows with needs and risks, ie JH and risk of absconding at corner of the road and small narrow corridor in bungalow and how MAPA could be worked in such a confined setting, needs 2:1 in confined space. Felt SM bungalow or SB would have been better – quicker response time. PF risk on corner.

No local shops or amenities, isolated for community involvement, would benefit from a bus

3. **What are your views on the standard of care and support given to service users within the service?**

(LH) Felt they were receiving a high standard of care, felt that some service users may benefit from slightly less support and let them start to have more opportunity for more independence, in a safe way.

(EF) Felt some staff were fantastic and there were a couple of staff who couldn't work with particular service users and that left the shifts difficult to manage and burn out for other staff (GW & LC)

4. **Do you feel the training you receive supports your role, and what opportunities for development do you have?**

(LH) Training at Dunsilly hotel, Muckamore and Farset were exceptional, found this really outstanding

(EF) Described training as amazing. Right from day one though there were a couple of staff less interested in developing themselves and this came across in their engagement with the training.

5. **What do you think needs to be improved, and how can these improvements be made?**

(LH) Was thinking after a year sitting with 3 service users was no good and too many staff, though when she was there were lower staff numbers, more staff started without more service users moving in.

Shifts were allocated by senior staff and were less structured, felt she couldn't ask to go out for a walk or do things outside that plan, once the plan was made there was no further flexibility as she was advised staff on site were so limited at that stage. Had to be on site in case needs arose with other service users as well, felt this was difficult for staff and service users. Weren't allowed to leave the site if not on the plan for that day. Feels has more autonomy to go out and do things in current community role

One Service user was stating who they did or did not want to have working with them on a daily basis when they saw what staff were coming in, this wasn't always able to be accommodated but also made service users dependent upon certain staff and was a difficult way to work (one particular service user).

(EF) Wondered how staff would manage once full as no larger rooms for staff handovers etc Buildings not well designed for such a large staff team and staff office at the rear. Queried re staff handover being staggered

6. How was your experience of recruitment process for this role?

(LH) Everything was great, started when I was meant to **(**EF) Grand, no problems

7. What would you rate your overall experience of working in Cherryhill?

1	2	3	4	5	6	7	8	9	10
				(LH) **(EF)**					

APPENDIX VIII
Inter Trust Recharge Agreement

Belfast Health and Social Care Trust

Contracts Department
2nd Floor Administration Building
Knockbracken Healthcare Park
Saintfield Road
BELFAST
BT8 8BH

Tel: 028 9504 6904

18th February 2020

Pauline Cummings
Assistant Director Learning Disability
Northern Health and Social Care Trust
Mid Ulster Hospital
Adult Learning Disability
Hospital Road
MAGHERAFELT
BT45 5EX

Dear Ms Cummings,

Financial and Monitoring Arrangements between the Belfast Health and Social Care Trust (BHSCT) and the Northern Health and Social Care Trust (NHSCT) for the Provision of Supported Living Services by the BHSCT at its premises at Cherry Hill, Antrim

---

The BHSCT wishes to formalise with the NHSCT the arrangements for payment and monitoring for the provision of supported living services at Cherry Hill, Antrim to the Service Users as set out in the Agreement enclosed.

I would appreciate if you could arrange for the enclosed Agreement to be signed and returned to Heather Harper, Assistant Contracts Manager before Friday 6th March 2020.

Yours sincerely

Clare McMahon
Senior Contracts Manager
Enc

Belfast Health and Social Care Trust

INTER TRUST RECHARGE AGREEMENT

BETWEEN

Belfast Health and Social Care Trust

AND

Northern Health and Social Care Trust

1.0 Purpose of the Agreement

The purpose of this Agreement is to underpin the financial and monitoring arrangements between the Belfast Health and Social Care Trust (hereafter known as BHSCT) and Northern Health and Social Care Trust (hereafter known as NHSCT) for the provision of supported living services provided by the BHSCT at its premises at Cherry Hill, Antrim to Service Users as set out herein.

2.0 Registration and Programme of Care

- Learning Disability
- Domiciliary Care Supported Living

3.0 Service User Details

Initials	Date of Placement	Level of Need	Annual Price
P318	22/08/2019	Low	£194,110
P319	03/02/2020	Medium	£280,819

4.0 Annual Price

The Annual Price will be billed in equal quarterly instalments from the Date of Placement.

The Date of Placement will be the date on which in-reach work is due to commence in preparation for placement.

The Annual Price will be based on the Service User's level of assessed need (low/ medium/ high) as agreed by all parties at the outset. Any changes in the Service User's level of assessed need will be discussed and agreed with all parties, and the Annual Price adjusted accordingly.

Any review of the Annual Price, in year, will be subject to consultation between all parties. The Annual Price will be uplifted and back dated to the appropriate point in time as advised by the Health and Social Care Board.

In the event where a Service User is temporarily moved out of the accommodation, e.g. due to hospital admission, the BHSCT will require this Agreement to be maintained and payments to continue.

5.0 Payment Arrangements

BHSCT will invoice NHSCT on a quarterly basis for payment as set out above. Invoices will be raised for quarters ending 30th June, 30th September, 31st December and 31st March. The initial invoice, following the Date of Placement, will be adjusted to align payments with the invoicing schedule.

6.0 Termination

In the event that a Service User vacates the accommodation, the NHSCT will continue to pay for the resulting void for a period of 12 weeks or until the commencement of the next placement, whichever is sooner. The amount chargeable will be based on the corresponding Annual Price charged for the vacating Service User.

Should the BHSCT terminate a placement it will provide 28 days' written notice to the NHSCT.

7.0 Special Conditions of Placement

Provision of Care Management for the placement will be the responsibility of the NHSCT.

8.0 Monitoring Arrangements

The BHSCT and NHSCT will jointly review this arrangement on an annual basis or more frequently as required.

9.0 Points of Contact

NHSCT Point of Contact:

Professional Lead
Pauline Cummings
Assistant Director Learning Disability
Northern Health and Social Care Trust
Mid Ulster Hospital
Adult Learning Disability
Hospital Road
MAGHERAFELT
BT45 5EX
E: Pauline.cummings@northerntrust.hscni.net
T: 028 7936 6836

Contracts Lead
Caroline Atkinson
Acting Head Commissioning & Contracts
Northern Health and Social Care Trust
Spruce House
Cushendall Road
BALLYMENA
BT43 6HL
E: Caroline.Atkinson@northerntrust.hscni.net
T: 028 2563 5612

Finance lead
Stevie Lennon
Divisional Accountant
NHSCT Finance Department
Greenmount House
Unit 3 Woodside Industrial Estate
Woodside Road
BALLYMENA
BT42 4QJ
E: Stevie.Lennon@northerntrust.hscni.net
T: 028 25635333 **Ext:** 347043

BHSCT Points of Contact:

Professional Lead
Aisling Curran
Acting Head of Community Learning Disability Services
Belfast Health and Social Care Trust
Fairview
Crumlin Road
BELFAST
BT14 6AB
E: aisling.curran@belfasttrust.hscni.net
T: 028 9504 6913

Contracts Lead
Heather Harper
Assistant Contracts Manager
Planning and Contracts Department
Belfast Health and Social Care Trust
2nd Floor, Administration Building
Knockbracken Health Care Park
Saintfield Road
BELFAST
BT8 8BH
E: heather.harper@belfasttrust.hscni.net
T: 028 9504 6819

Finance Lead
Ian Liddle

Directorate Accountant AS&PC
Finance Directorate
Belfast Health and Social Care Trust
Derg Villa
Knockbracken Health Care Park
Saintfield Road
BELFAST
BT8 8BH
E: ian.liddle@belfasttrust.hscni.net
T: 028 9504 3505

10.0 Signatures

Authorised Signatory for NHSCT

Signature _____

Print name _____

Designation _____

Date _____

Authorised Signatory for BHSCT

Signature _____

Print name Clare McMahon

Designation Senior Contracts Manager

Date _____

Appendix IX
Family / Carer Feedback

A. Feedback from P320's Aunt , Aunt of P320 with Brenda Aaroy

What was your involvement with hospital staff in the planning and preparation of the move?

Attended several meetings at the hospital regarding the move. Was happy with the level of involvement

Is there anything that you think could have been better?

Have the behavioural issues that P320 has been properly addressed in the hospital?

What was your involvement with the new staff at Cherryhill before the move?

Nothing specific noted

Is there anything that you think could have been better?

More training in the specific behavioural issues that P320 has

How has P320 settled in?

She seems to like it and she had her friend nearby before covid-19

Does she/he like her new home?

Yes but hope she eventually will be stable enough to come back to her community (got the impression that this may have been seen as a 'step down' home.) P320's Aunt mentioned she looks after P320 son.

Anything in particular she/he has remarked on or you yourself?

Is he/she enjoying her new life?

Before the lockdown she was out and about a lot. She loves shopping, going to get her hair done and support workers had her out and about a lot. She was able to do that more than in Muckamore.

Is there anything in particular he/she is doing now that she didn't do before?

Just more of what she did before but P320's Aunt does not see any significant change in behaviours and is concerned about this.

Do you find you have good communication with staff?

It could be much better. Would appreciate more proactive communication on any changes in her behaviour and P320's Aunt was not happy at the handling of information over the COVID 19 positive case in Cherryhill, the testing of P320 and feedback of results. She would appreciate

openness and honesty and not have to chase people for information. She feels she has to drag information out of people and they should have come back to her and told her about the result.

P320's Aunt *would like to be acknowledged as someone who knows* P320 *and has insight into her behaviours. She feels she could be used to deescalate situations and would like to know before rather than after there has been a major outburst. She wants to help.*

P320's Aunt *worries that although* P320 *self-harming has been minor that something could push her to do something that might cause her to do worse damage to herself, without realising the full consequences of the action. She mentioned about her cutting her hands, has Jolene any record of this?*

She understands how she reacts to the word 'No' and would like to see more work done with her. She worries that she may end up back in Muckamore.

P320 *tells her lots of stories but she would like to hear from staff before her so she can understand what is true or made up.*

Is there anything which could be better?

Could there be any professional behavioural support to help

Have you any other thoughts or advice you would like to share on the process?

Nothing further to what has already been mentioned

B. Feedback from Carer, P321's carer (P321's carer) with Brenda Aaroy

P321's carer *was not overly keen to speak but made the following points:*

- *He had been made aware that* P321 *was going to move and felt this time that the process had worked better and was more thorough compared to the challenges in the past.*
- *He feels* P321 *is very settled and doing well and even with the present restrictions coping ok.*
- *He remarked that* P321 *was very excited before the move but has then problems settling because of the change but this was handled well.*
- *Overall he feels so far so good but 'you just have to keep watching'. Changes of staff can be a big trigger for* P321 *and he hope it won't happen.*
- *I asked him if he thought* P321 *was happy and he said he did think so. He then said he a delivery at the door and had to go.*

Not a very comprehensive piece of feedback but I can only feel that if he had a major problem, it was an opportunity to mention it.

I'll forward any feedback from P320's Aunt *. Just for your information on our Muckamore list of patient/NOK details it had a label 'DO NOT CONTACT' against* P320's Aunt *so we didn't send newsletters or any other general information while* P320 *was in hospital.*

Brenda Aaroy, June 2020

Appendix X

Proposal given to Abbey Road Neighbours

Background:

In line with Government policy that *no patient should live in hospital* the Belfast Trust is reopening the 10 houses in Abbey gardens. These houses, all in good repair and well-maintained have until 2015 been used by the Trust as accommodation for patients from Muckamore Abbey Hospital.

In its pursuit to further resettle the current population and based on individual patient needs, the BHSCT continues through a Multidisciplinary approach to resettle those patients who have been deemed both medically and physically fit to return to living in the community.

This will ensure that the hospital of the future will concentrate much more on the provision of high quality specialist assessment and treatment services designed to complement and support community care.

Resettlement Principles:

Since resettlement commenced over 20 years ago, the Belfast Trust has continued to adhere to the guiding principles, which were enshrined to ensure that resettlement was successful and was betterment for those patients who resettled into community living.

The Trust has a number of schemes similar in nature within community settings and housing developments, Greystone Antrim, Hanna street Belfast and Rigby close Belfast. All these schemes have proved very successful for people with learning disability. They have also provided community integration with local communities welcoming the presence of patients and staff in the locality.

The principles remain,

1. Patients not requiring hospital assessment or treatment should be enabled to live in a suitable community setting.
2. All aspects of resettlement should be based on a multidisciplinary assessment of patients' needs.
3. Every person determined as suitable for resettlement has a right to be resettled regardless of level of disability.
4. The patient and their family should be involved at all stages in plans for resettlement and his/her choice should be enabled and respected.
5. Relationships important to the patient, whether with family members, staff or other hospital patients, should be respected throughout the resettlement process.
6. The resettlement location should meet the patient's needs for care, (including specialist needs) providing opportunities for personal and spiritual development, community involvement, and participation to the extent that his/her experience is dignified.
7. The resettlement location should consider all aspects of the person's life, including daytime activities, occupation and leisure.
8. Any decisions in relation to resettlement will take account of patients' family views, and other significant people in the patient's life.
9. Standards of care will be set, evaluated, and monitored to ensure that any move into the community represents an improvement in the quality of life for the patient.

Aim:

The aim of this project is to resettle nine patients from Muckamore Abbey Hospital to Abbey Gardens where the Trust owns ten houses.

These houses up until 2015, were occupied very successfully over the years by patients from Muckamore. The model used previously is similar to what is planned today. Patients lived their lives in this community with the residents in Abbey gardens.

In 2015 the houses were closed due to the low number of patients within the hospital but recent policy has dictated that no person should spend their life in a hospital.

Patients will live in the houses with full staff support 24 hours per day.

It is the Trust's intention to use nine of these houses for patients with the tenth to be used as Staff Office Accommodation. Each of the houses will be single person occupancy and will be supported by a team of dedicated staff on a 24-hour basis who will be available to assist and meet the patients varying levels of need. The model to be used for the nine patients moving to the properties will be Supported Living. This model of providing suitable accommodation for people with a learning disability is the same as other models, which the Trust manage with the nearest being at Greystone just outside Antrim town. This scheme is very successful with patients becoming tenants and integrating into local community activities.

The Service:

Abbey Gardens will be a supported living service operated by the Belfast Health & Social Care Trust, and will be registered with the Regulation, Quality and Improvement Authority (RQIA), under the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.The RQIA will carry out annual unannounced inspections to ensure that care provided is safe, effective, compassionate, person centred and well led.

Criteria for Patients Resettling to Abbey Gardens:

Potential Patients resettling to Abbey Gardens must meet the following requirements:

- must be 18 years old +
- must have a primary diagnosis of learning disability
- can be male or female
- must have been deemed medically and physically fit for discharge from Muckamore Abbey Hospital
- will not have a forensic background
- will have had a supported living assessment completed including any/all risks including suitability for living in an environment which includes private dwellings.

Tenancy Agreements:

The patients who will resettle from Muckamore Abbey Hospital to Abbey Gardens will enter into a tenancy agreement with the Belfast Trust. This agreement will set out the responsibilities and rights of the patients as tenants and will set out clear prohibitions in terms of their behaviour and a clear process for dealing with any breaches of the Tenancy agreement which could ultimately lead to the termination of the tenancy. The Belfast Trust Estates Department will assume responsibility for all maintenance and/or repairs for the properties.

Supported living Assessment:

A supported living assessment is completed with all potential patients identified for resettlement. This includes areas such as:

- Independent Living Skills (shopping, cleaning, cooking/meal preparation, use of public transport, operating a heating system, schedule keeping, rights and duties)
- Education & Training (College, work placement etc.)
- Money (budgeting, benefits, banking)
- Social Networks (family, friends, local community)
- Work
- Medical History (Medication, care pathways)
- Health (mobility, use of adaptations, communication, personal care)
- Emergency situations

A completed environmental risk assessment is required for all patients considered for resettlement. This assesses the compatibility of the patient to reside within the proposed environment taking into account the close proximity to the local residents already living there and considers any adaptations that may be required to maintain the safety of that individual and those around them. This considers the type of property, the location of the property, accessibility etc.

Finally, a Comprehensive Risk Assessment for all service users is completed as part of the admission to hospital process. The multidisciplinary team in conjunction with the patient and their family carries out this assessment. The assessment is reviewed throughout their hospital journey and reviewed (and where necessary amended) prior to discharge.

Recruitment:

As this is a supported living scheme, the staff team will consist of highly trained experienced social care staff, and is not dependent on qualified nurse recruitment .

Staffing compliment will remain under review as the scheme develops and progresses.

The Manager and Deputy manager will work closely to ensure management availability on a daily basis.

The Senior Care and Support Workers (shift leaders) manage the service on a day-to-day basis, coordinating the care and support provided to each individual in accordance with their care and support plans.

All staff have the necessary skills and training to work within a supported living scheme. All skills and training meet the standards set by the Trust, RQIA and NISCC.

Timescales for completion:

As the houses have been vacant for the past few years, there is a requirement for the Belfast Trust to refurbish the houses to a standard where patients can live comfortably and safely within them.

The Belfast Trust are currently undertaking a programme of refurbishment works which includes repair/replacement of all footpaths and patio areas to avoid the risk of slips, trips or falls, repair/replacement of all broken fencing/gates around each property, replacement of floor coverings internally, installation of new kitchens/bathrooms where required, and a total internal paint out of each property.

It was initially envisaged that the work may be completed by the end of February but with lead in times for furniture/equipment, this is now more likely to be the end of March/beginning of April 2019 with first patients potentially moving in around mid-April.

The Belfast Trust considers that occupation of the vacant properties will bring with it a number of positive impacts for the Abbey Gardens Area and for the residents living in the privately owned properties:-

- The ten vacant properties will be occupied again.
- Occupation will reduce the likelihood of vandalism, squatters, vermin and deterioration of the properties.
- Outside / garden areas will be well maintained enhancing the appearance of the Abbey Gardens area.
- A staff presence will be visible 24/7, which will lead to additional security within the cul-de-sac.
- An experienced management team who have previously managed supported living schemes will lead the service who will be available to address any concerns local residents may have

Potential impact of SP Budget Freeze.

Presentation to CEO
06/09/16

Belfast Health & Social Care Trust

Belfast Health and Social Care Trust

Summary of completed S housing tenancies @ September 2016. Belfast 4 year Housing Plan 2012 to 2016

	No. Of Schemes delivered	No. of new tenancies Delivered	Planned tenancies at risk
Mental health	6	49	7
Learning Disability	11	79	38
Older Peoples	2	64	25
Complex & physical disability	1	17	18
Total	20	209	88

Belfast Health and Social Care Trust

Supporting People Update

No Further SP revenue to support development of Supported Housing schemes for vulnerable people.

Focus on the implementation of the Homelessness strategy.

The following planned supported Housing schemes are now at risk and unlikely to proceed.

Mental Health	2 schemes	7 tenancies
Learning Disability	4 schemes	38 tenancies
Older People	1 scheme	25 tenancies
Complex Disability	1 scheme	20 tenancies
Total	8 schemes	90 tenancies

Belfast Health and Social Care Trust

Mental health

- 1st April 2016 the Mental health service had 52 service users who required accommodation including supported Housing.
- 40% are delayed in acute in patient Mental Health wards.
- At the same time the service is “exporting” between 20 and 30 Service Users each month to other Trust’s Acute In-Patient facilities because we have no beds, or rather the beds we have cannot be cleared.
- Without further supported housing development the pressure on our acute mental health inpatient wards will grow.

Learning Disability

Fifty service users who require supported accommodation are delayed in Muckanmore Abbey Hospital, 20 of whom are residents of Belfast. These people are currently blocking inpatient assessment & treatment hospital beds.

Immense pressures within the community not least in relation to children transitioning to adulthood and breakdown in family placements as carer's age and less able to meet the challenges of caring for their disabled relatives.

Currently 15 adults with learning Disability living in the community require supported living accommodation.

Older People (Dementia & Functional mental illness)

The Older Peoples service are planning for an ongoing and increasing demand from Older people and People with Dementia & functional mental illness for supported housing in the community.

Failure to keep pace with the demand will result in a return to traditional practices of accommodating people with Dementia in outdated EMI homes and delayed discharge from acute general hospital wards.

Complex Disability

The Physical & Sensory Disability service in Belfast has identified thirty people with complex needs who require tailored supported accommodation.

Twenty of these people have Korsakoff s syndrome and are currently living in residential and Nursing care that is inappropriate for their age and needs.

The incidence of Korsakoffs Syndrome in the community is steadily growing.

Belfast Health and Social Care Trust

Children & Young People.

The Children's service had planned to roll out the Supported Lodgings scheme currently in the Northern & Western Trust to support 15 young people across the Belfast and South Eastern HSC Trust areas. The HSCB has made a commitment of recurrent funding but there is no SP funding available. This scheme is at risk as a result of the lack of SP funding. The service is currently discussing additional revenue funding with the HSCB. The scheme may have to be down sized to fit the financial envelope.

Corrective Action being considered by Services.

Exploring the use of capital only bids for Housing.

Supplementing of SP revenue with care revenue.

Examining potential areas for SP revenue efficiencies across services.

Exploring the reconfiguration of SP revenue across existing schemes.

Exploring moving away from accommodation based support to peripatetic support.

Conclusions

The development of Supported housing schemes has been an intrinsic part of each Service's modernisation plans in relation to TYC/ Bamford.

The Trust acknowledges the NIHE's requirement to review all existing services to find any cost efficiencies but efficiencies alone will not provide the level of funding required to develop the capacity required to meet the needs of the demographic and implement existing HSC strategies.

The Trust believes that a collaborative approach including joint commissioning akin to that demonstrated in the community Integration programme is now required again.