Appendix 1 GAIN Organisation Report

Learning Disability Service Framework – Trust Proforma July 2014-12-02

http://www.dhsspsni.gov.uk/learning_disability_service_framework_june_2013.pdf

Introduction

The Service Framework for Learning Disability (LDSF) standards was launched in September 2012 and is initially for a three-year period from 2014-2017. The Health and Social Care Board (HSCB) is overseeing the coordination and implementation of the framework, and is responsible for providing monitoring updates to the DHSSPS on the implementation of key performance indicators. Essentially many of the Performance Indicators (PI's) have not previously been measured and while some information systems are available, these are limited and likely to provide only a fraction of the quantitative data required. There is relatively little data collected routinely within the HSC that reflects the largely qualitative data required by the Framework's standards.

Guidelines Audit and Implementation Network (GAIN) is supporting HSCB with the organisational audit to provide baseline figures for some of the PI's. A LDSF proforma was sent to each of the 5 Trust, the Public Health Agency and the Health and Social Care Board asking them to complete and return their proforma to gain@dhsspsni.gov.uk . The returned proformas were then populated onto an Excel Spreadsheet for analysis and a report produced. Not all of the Standards are applicable to all of the Trusts / Organisations therefore the report is divided into two sections. The first section is in relation to the five Health & Social Care Trusts and the second section for the Public Health Agency and the Health & Social Care Board.

Standard applies to children, young people and adults with a learning disability

Standard applies to adults with a learning disability

Please insert a caveat as some of the standards completed relate to children, young people and adults with a learning disability and GAIN were informed that only standards relating to Adults were to be included

The proformas have been returned for each of the Trusts / Organisations by:

H94
Support Manager
Community Treatment & Support Services
Belfast Health & Social Care Trust

Bronagh McKeown
Head of Disability Support Services
Southern Health & Social Care Trust

Rosaleen Harkin
Assistant Director
Adult Learning Disability
Western Health & Social Care Trust

Alyson Dunn
Assistant Director
Learning Disability
Northern Health & Social Care Trust

Carole Veitch
Acting Assistant Director
Adult Disability Services
South Eastern Health & Social Care Trust

Molly Kane (Nursing)
Michael Owen (Health & Social
Wellbeing Improvement
Public Health Agency

Iolo Eilian
Commissioning Lead for MH & LD
Health and Social Care Board

LSDF Standards audited against each Health & Social Care Trust

Standard 4; Adults with a learning disability should be helped by HSC professionals to develop their capacity to give or refuse informed consent.

Question refers to Standards 4; PI 2. "Evidence that robust processes are in place where capacity has been judged to be an issue within HSC services or services commissioned by HSC".

Does your Trust have processes / protocols in place when capacity has been judged an issue?	Percentages
Yes	100% (5)
No	0% (0)

(N = 5)

Tabled below is the supporting evidence provided by each Trust:

Belfast Trust	Western Trust	Northern Trust	South Eastern Trust	Southern Trust
1. Management of In-Patients Finance Policy. 2. Management of Service Users Finances in Community Services. 3. Community Learning	1. Whilst awareness is provided to staff in this regard, there is likely there will be inconsistency in practice across professionals.	1. DHSSPS Consent / Capacity Guidance for people with LD. 2. Capacity training being implemented Trust wide to	1. Adult Learning Disability Service in SET has developed and introduced a Capacity Assessment Tool to aid professional staff to undertake capacity assessments (attached) This tool was introduced to the service in relation to Direct Payments. The	1. Care management procedures. 2. Speech & Language Therapy / Psychology assessment procedures*. *Assessment is

Disability (LD) Services procedures for Capacity and Consent. 4. Community LD Policy on restrictive Practices and Physical Interventions (under review).	2. The Trust does have a policy on consent which should be adhered to but not on capacity. A copy of the Trust's policy is available on request.	staff working within LD services. 3. Meetings that consider Capacity include - Best Interest meetings held on individual cases - PQC meetings - Safeguarding meetings - Individual reviews - Financial Assessments. 4. Mental Health Order 1986, Guidance and training from the Law Centre - to be delivered. 5. Management of service user finances procedures	tool is designed to facilitate the maximising of an individual's capacity by ensuring that relevant issues such as: • Environment for assessment. • Preferred communication style of service user. • Specifics of information shared. • Comprehension and decision making. are fully explored to determine whether or not the service user has or lacks capacity regarding a particular issue. Capacity Assessment Tool can be used as a generic tool when assessing capacity. In addition, where required, referral will be made to Psychology / Psychiatry to undertake more specific and specialised capacity assessments.	requested regarding the individuals:- • Level of understanding. • Communication methods. • How communication should be supported. • How other staff can gain information from a service user.

		and Trust Financial Procedures 6. Restrictive practices and Physical intervention policy RESPECT training in place 7. Decision making template under review		

Standard 7; People with a learning disability should receive information about services and issues that affect their health and social wellbeing in a way that is meaningful to them and their family.

Question refers to Standards 7; PI 1 "All HSC organisations should provide evidence that they are making information accessible to people with a learning disability".

What methods do you use to ensure that the information you provide within your Trust is accessible to people with a learning disability?

Methods	Belfast Trust	Western Trust	Northern Trust	South Eastern Trust	Southern Trust	Percentage of provision
Easy to read documents	√	√	√	√		80%
Audio format			√			10%
DVD format	√	√	√			60%
Face to face support	√	√	√	√		80%
Telephone support	√	√	√	√		80%
Key worker contact	√	√	√	√		80%
Interactive website						0%

(N = 5)

Tabled below are the additional methods provided by each Trust:

Belfast Trust	Western Trust	Northern Trust	South Eastern Trust	Southern Trust
1. Use of communication aids including talking mats	1. Picture communication aids used in various adult learning disability facilities under Speech & language Therapy guidance 2. This is an area for continuous improvement 3. PECS Makaton	1. IT available in the form of computers, iPad, apps. 2. Communication passports 3. Advocacy Services 4. Service user groups / forums 5. Voluntary agencies 6. Support Workers	1. Key workers refer and work jointly with Speech & language Therapists to identify the most suitable means of communicating information to service users and their families	1. Information is provided using a level 1method, which can be understood by a person with a learning disability e.g. Makaton signs, symbols, pictures / objects.

Question refers to Standards 7; PI 2 "Each person with a learning disability can access a named person who can signpost them to relevant services.

Within your Trust can a person with a learning disability access a Key Worker who can signpost them to relevant services?	Percentages
Yes	100% (4)
No	0% (0)

(N = 4) NB This was not recorded for 1 Trust

Tabled below is the answer to where the Key Worker information is documented provided by each Trust:

Belfast Trust	Western Trust	Northern Trust	South Eastern Trust	Southern Trust
1. All patients have a named nurse and access to a social worker whilst in hospital 2. The majority of community clients have a named key worker in a community team 3. Those who don't will have been advised of the contact details for a community team where they will be allocated a key worker as necessary	1. In ALDS there are on-going capacity issues with respect to allocation of identified key workers, however where a key worker has been allocated they will signpost 2. Where no key worker is available there is a duty system in place to offer advice and guidance support. 3. For 24/7 facilities this is done all the time	1. Service users are allocated a Named Worker within the Care Management Model 2. Client has direct access to Key Workers identified in each service 3. Individual Service Users Care Plans have the details of key workers with their contact details 4. Family/ Carers are advised as to who the service user key workers are	1 No answer recorded for this Trust.	1. In information leaflets some have been made in an accessible format 2. The Trust also has an online information resource for persons with physical disabilities "Opportunitiesfor all.org" This is being modified to meet the information needs of persons with a learning disability and their carers

Standard 8; People with a learning disability, or their carer, should be able to access self-directed support in order to give them more control and choice over the type of care and support they receive.

Question refers to Standard 8; PI 1 "Evidence of provision of accessible information on Direct Payments within HSC organisations".

What methods do you use to ensure that the information you provide on direct payments within your Trust is accessible to people with a learning disability?						
Methods	**Belfast Trust**	**Western Trust**	**Northern Trust**	**South Eastern Trust**	**Southern Trust**	**Percentage of provision**
Easy to read documents	√	√				40%
Audio format						0%
DVD format	√					10%
Face to face support	√	√	√	√	√	100%
Telephone support	√	√	√	√	√	100%
Key worker contact	√	√	√	√	√	100%
Interactive website				√		10%

(N = 5)

Tabled below are the additional methods provided by each Trust:

Belfast Trust	Western Trust	Northern Trust	South Eastern Trust	Southern Trust
1 Information provided about CIL services which are accessible to people with a LD	1 No additional answers recorded for this Trust	1 At assessment / review stage all service users and or carers are advised of Direct Payment (Self Directed Support)	1 Staff would use the DHSSPS Easy Read Guide to Direct Payments to discuss the option of Direct Payments with service users, and would also make the DHSSPS Guide to receiving Direct payments available to Parents / Carers 2 Staff would encourage and signpost service users and their carers to engage with the Centre for Independent Living for additional information and support	1 No additional answers recorded for this Trust

Standard 15; People with a learning disability should be supported to have meaningful relationships, which may include marriage and individual, unique, sexual expression within the law, balancing their rights with responsibilities.

Question refers to Standards 15; PI 2."Trusts to facilitate appropriate training* for staff". **Training that builds the confidence of staff to deliver information on sexuality and personal relationships for adults to a wide range of people with a learning disability. Awareness for staff of the appropriate language and simple presentation required to communicate this information.*

Does your Trust facilitate the appropriate training* for staff on sexuality and personal relationships for adults with a learning disability to ensure a consistent approach?	**Percentages**
Yes	60% (3)
No	40% (2)

(N = 5)

Tabled below is the supporting evidence provided by each Trust:

Belfast Trust	Western Trust	Northern Trust	South Eastern Trust	Southern Trust
1. The Trust's PROMOTE and psychology services lead on a training programme for staff on these issues.	1 On the basis of identified assessed need. The Trust continues to develop this area of work.	1 No (However a Sexual & Personal Relationship Policy has been developed and a draft project initiation document has been completed using a tiered approach) 2 Pre implementation of	The Trust has developed training in conjunction with the Family Planning Association and has been successful in gaining health development funding to pilot and implement - 1. Level 1 Introduction to Personal and Sexual Relationships and People with a Learning Disability (for all bands of staff working with people who	1 No (no comment or explanation recorded).

		policy training to promote awareness being implemented over next 3 months	have a learning disability). 2. Level 2 Peer Educator Role in Personal Relationships and People with a Learning Disability (for staff who have completed level 1 and have expressed an interest in the educator role). 3. Further planning will be completed to agree level 3 Advanced Trainer Training (for staff who have completed level 1 & 2 and have an interest in facilitating sessions for staff). 4. The Trust has developed a draft guidance document "Adults with Learning Disabilities Personal and Sexual Relationships" which has been completed through a Trust working group in partnership with Family Planning Association (FPA).	

Question refers to Standards 15; PI 3. "Trusts to facilitate appropriate training for service users and family carers". **Training that is tailored for both, service users and family carers, so that the service user is supported to engage in relationships when they are entered into with full and informed consent*

Does your Trust facilitate the appropriate training* for service users and family carers on sexuality and personal relationships to ensure a consistent approach?	Percentages
Yes	80% (4)
No	20% (1)

(N = 5)

Tabled below is the supporting evidence provided by each Trust:

Belfast Trust	Western Trust	Northern Trust	South Eastern Trust	Southern Trust
1 Only to service users in any formal sense although advice and support would be provided to carers on an individual basis as necessary. 2 Again the Trust's PROMOTE and psychology services lead on the delivery of this training.	1 Work undertaken led on the basis of assessment need. Where people are in residential or supported living services, if there is an assessed individual need, it should be reflected in the care and support plan.	1. Clients are directed to Family Planning Service and Primary Care.	1 The Trust provide individual or group training for service users based on their sexuality and personal relationship needs. 2 The Trust have also commissioned services with the Family Planning Association to deliver specific sexuality and	1. No (no comment or explanation recorded).

Much of the formal training is offered by group work but there is a lot of individualised training, support and advice provided also.			personal relationship training programmes with service users based on their individual needs	

Standard 16; Adults with a learning disability should be able to access support in order that they can achieve and maintain employment opportunities in productive work.

Question refers to Standards 16; PI 2. "Percentage of adults with a learning disability who receive HSC support to help them secure employment (as a measure of those who request support)"

Does your Trust offer HSC support to adults with a learning disability to help them secure employment?	Percentages
Yes	100%
No	0%

(N = 5)

If the answer is yes to offering HSC support, specify what support does your Trust offer?

Support offered	Belfast Trust	Western Trust	Northern Trust	South Eastern Trust	Southern Trust	Percentage of provision
Day Centres	√	√	√	√	√	100%
Day opportunities	√	√	√	√	√	100%
Work placements	√	√	√	√	√	100%
Volunteering	√	√	√	√	√	100%

(N = 5)

Tabled below is the supporting evidence provided by each in relation to “other” support offered to adults with a learning disability:

Belfast Trust	Western Trust	Northern Trust	South Eastern Trust	Southern Trust
1. Service level agreements and funding to community / voluntary sector who provide employment services. 2. Involvement and liaison with Department for Employment and Learning (DEL). 3. Liaison with Belfast Education & Library Board re learning for employment (BELB). 4. Transitions planning that include focus on employment. 5. Benefits advice. 6. Key worker support.	1. Community Access Work. 2. WHSCT Contract with Mencap. 3. LCDI -Garden project. 4. WHSCT Positive Action paper developed. 5. Irish News Workforce & Employability Award 2013.	1. 3 teams of Day Opportunity Co-ordinators support over 500 individuals in a range of community based activity inclusive of employment opportunities 2. Contracts are in place with a range of third sector providers for supported placements to equip individuals to access employment e.g. Praxis Care, Kilcreggan Homes, AEL, Compass Greenlight and Alternative Angles. 3. Mencap pathway to Employment	1. South Eastern HSC Trust offers a range of provision that support service users with Learning Disabilities achieving and maintaining employment in productive work. 2. Mencap Pathway to Employment also provides a training and support service, working alongside individuals, families and employers to remove barriers to meaningful employment. 3. Praxis provides day opportunities of both training and employment	1. Community Access Officers are employed within the Trust to signpost service users to a wide range of training, social, vocational and supported employment opportunities. 2. Communication support from Speech & Language Therapy is provided to assist in work environments, e.g. work contracts.

		services is utilised. 4. Trust promotes and supports development of social enterprises / work placements.	at a number of day opportunity settings across the SET area. 4. Accept Care NI provide employment opportunities at two Cafe based sites in the North Down and Ards and Downpatrick sectors of the Trust. 5. This list is indicative as opposed to exhaustive.	

Standard 17; All adults with a severe or profound learning disability should be able to access a range of meaningful day opportunities appropriate to their needs.

Question refers to Standards 17; PI 1 "Percentage of adults with a severe or profound learning disability who have meaningful day opportunities in mainstream community settings"

Does your Trust offer adults with a severe or profound learning disability meaningful day opportunities in mainstream community setting i.e. outside of the building based services?	Percentages
Yes	100% (5)
No	0% (0)

(N =5)

Tabled below are the responses from Trusts who have included "other" opportunities:

Belfast Trust	Western Trust	Northern Trust	South Eastern Trust	Southern Trust
1. While the majority of those adults are based within building based services, this does not mean that those people do not have access to mainstream community settings. 2. All of our day centres work	1. Where appropriate, based on assessment need.	1. There are a small number of individuals with complex needs / behaviours that challenge who are supported to have training opportunities through their supported living or residential placement e.g. Praxis Care,	1 The Trust commission a number of meaningful day opportunities in community settings. These include catering settings, run by Accept Care and Praxis Care. 2 Horticultural opportunities exist under the	1. Yes (no comment or evidence provided)

closely with their local communities / community facilities and service users from day centres would use local leisure facilities, shops, libraries etc. 3. Many community services also provide in reach today services.		Triangle 2. Within the Adult Centres service users however often access mainstream community activities for education, leisure, training, e.g. Portglenone Outdoor Gym, Compass, leisure centres and activities taking place in community centres or local churches 3. In reach to the adult centres is also provided from community services such as Community Circus, Streetwise etc. 4. Day Opportunity Co-ordinators advise Adult Centres of opportunities they can utilise on a regular basis	auspices of Kilcooley Community Forum with a number of service users working a range of allotments.	

Standard 18; All parents with a learning disability should be supported to carry out their parenting role effectively.

**Geographically – locally based skills training relevant to Trust boundaries*

Question refers to Standards 18; PI 3 "Percentage of parents with a learning disability involved in child protection or judicial processes who have received locally based skills training" Geographically – locally based skills training relevant to Trust boundaries

Does your Trust have locally based skills training* in place to support parents with a learning disability involved in child protection or judicial processes?	Percentages
Yes	80% (4)
No	20% (1)

(N = 5)

Tabled below is the supporting evidence provided by each Trust:

Belfast Trust	Western Trust	Northern Trust	South Eastern Trust	Southern Trust
1. The TRUST has staff who are trained in PAMS (Parenting Assessment Manual Software). 2. LD services have a fulltime parenting support worker who	1. Not specific to Adult Learning Disability. 2. Lack of commissioning in this service area therefore unable to deliver.	1. Community Learning Disability Teams provide individual support to parents with an LD involved in Child Protection and the Judicial Process. 2. This is an area	1. Adult Learning Disability staff work closely with Children's Services and specialist health visiting staff to identify support and skills required by parents with a	1. We are providing Independent Advocacy to parents with a learning disability involved in child protection or judicial processes when advised or requested to do

provides skills training. 3. The TRUST has a training programme for Family & Child Care (F&CC) staff and Learning Disability staff which covers what support people with a LD may need for parenting. 4. LD staff provide people with information, guidance and support to other service area staff who are working with parents with a learning disability. 5. LD services have a wide range of easy read material available to support parents. 6. The TRUST		that needs to be developed as it is mainly provided within one Trust Locality. 3. CLD Team works closely with a private provider to fund an outreach support package to parents who are learning and developing skills in parenting their child / children 4. This provider has staff trained in PAMS and the specific training needs of the parent can be identified and support tailored to help them meet the changing needs of their child in consultation with Family and childcare and the CLD	learning disability involved in Child Protection or Judicial processes. 2. Parental Assessment manual is used to identify strengths and areas for further learning and development for parents with a learning disability. These assessments are multi-disciplinary involving adult learning disability, children's and health visiting services alongside other key services and individuals. Once training needs have been identified then parents may be referred to a	so.

provides training for non F&CC staff on contributing to child protection case conferences.		5. Support LD parent in their parenting role and ensure effective communication between Childcare / judicial system and parent	range of local services depending on their individual needs. 3. Services available within the SET include Specialist Health Visiting, New Parenting and Mellow Babies Programmes; Surestart; Barnardos and Psychology Services. Parents can also be referred to Thorndale Residential Assessment Centre for support and skills training. Within the SET a new family partnership programme is about to commence for new mothers age	

			19 and under. This will be delivered by the SET and a local community voluntary organisation.	

Question refers to Standards 18; PI 4 "Percentage of parents with a learning disability involved in child protection or judicial processes who have access to the services of an independent advocate"

Does your Trust provide parents with a learning disability involved in child protection or judicial processes access to the services of an independent advocate?	**Percentages**
Yes	100% (5)
No	0% (0)

(N = 5)

Tabled below is the supporting evidence provided by each Trust:

Belfast Trust	Western Trust	Northern Trust	South Eastern Trust	Southern Trust
1. Trust has a contract with Bryson House for advocacy services. Parents who are involved in child protection or judicial processes are a	1. Via Mencap Advocacy Service.	1. Independent Advocates are made available on an individual basis.	1. Adult learning Disability Services works closely with Children's Services to ensure parents with a learning disability	1. An Independent Advocate has been commissioned from Disability Action to represent the needs of all

priority for this service and are always offered access.			involved in child protection or judicial processes are involved in, and understanding of the processes being implemented, the assessment being undertaken, and the decisions made in the best interests of their children 2. Where appropriate Adult Learning Disability Services provides access to independent advocacy services for parents with a learning disability involved in child	adults with a learning disability

			protection or judicial processes. This is accessed through referral to a commissioned advocacy service. Referrals have been made for a number of individuals involved in these processes. Referrals have been made for a number of individuals involved in these processes. One patient currently involved in both child protection and judicial processes has been referred to and is accessing independent	

			support from Bryson Advocacy following her parental assessment and child protection plan for her son. For her this service provides her with another level of support outside statutory services. Given the absence of family support for this individual, the service has supported her to be involved at an appropriate level in case conferences, meetings etc. Some parents and their families choose to access	

			independent advocacy on their own behalf through their legal representatives, particularly if their situation involves judicial process	

Standard 19; All people with a learning disability should have equal access to the full range of health services, including services designed to promote positive health and wellbeing

Question refers to standard 19; PI 1 All acute hospitals should have an action plan for implementing the GAIN Guidelines for improving access to acute care for people with a learning disability and be able to demonstrate a clear commitment to the implementation of such a plan.

Does your Trust have an action plan form for implementing the GAIN Guideline for improving access to acute care for people with a learning disability?	Percentages
Yes	100% (5)
No	0% (0)

(N = 5)

Tabled below is the supporting evidence provided by each Trust:

Belfast Trust	Western Trust	Northern Trust	South Eastern Trust	Southern Trust
1. The Trust has in place an action plan which is led by senior personnel within the Trust; this group has representati on from across	1. Regional steering group chaired by PHA of which a subgroup is currently being established regionally to review the GAIN guidelines / acute sector 2. Fast track	1. The Trust are currently working on the implementati on of the RQIA action plan through Antrim Area Hospital Health Improvemen t Group	1. The Trust has undergone a RQIA review of the implementation of the GAIN Guidelines for improving access to acute care for people with a learning disability during September 2013	1. A Trust group is taking forward work to ensure a smooth transition from community to acute hospital and back out. The focus of

service groups and directorates to implement the GAIN guidelines	cards for adults with learning disability – the programme has a fast track system available for people who need to be processed quickly at A&E Departments 3. Under “Strengthening the Commitment” the Adult learning Disability programme is very much aware of the strategic approach that community nursing will play in improving the health outcomes for adults with learning	chaired by Acute Hospital Colleagues 2. The aim is to develop and implement individual action plans to ensure the patients journey is positive	and is awaiting the resulting report and recommendations from this review. 2. The Trust has a working group comprised of both Acute Hospital and Community Learning professionals and senior managers who have and continue to implement actions to progress the GAIN guidelines to improve the quality of care experienced by people with a learning disability and their carers	this group will be the implementation of the GAIN guidelines, improvement in service provision, development of care provision, increased awareness with all healthcare providers and inclusion of user involvement / independent advocate to represent users, carers and establish focus groups to feed back to the group 2. This work is to be completed by the end of

	disability including reasonable adjustments required for acute sector				March and will include training of acute staff re communication, improved IT and easy – read leaflets for staff. There is also buy-in from GPs and Health Care Facilitators to ensure the work meets the needs of all clients with learning disability, including those not known to the Trust

Question refers to Standard 19; PI 4 Evidence of reasonable adjustments by health service providers.

What methods does your Trust provide people with a learning disability regarding reasonable adjustment to help them to access the full range of services that support their health and social needs?						
Methods	**Belfast Trust**	**Western Trust**	**Northern Trust**	**South Eastern Trust**	**Southern Trust**	**Percentage of provision**
Longer appointment times		√	√	√		%
Offer 1st or last appointments		√	√			%
Provision of easy read information	√	√	√	√		%
Close involvement and support of family carers	√	√	√	√	√	%
Appropriate waiting facilities		√	√	√		%
Pre-admission visits	√	√	√	√	√	%
Fast tracking arrangements when appropriate e.g. ED Dept.		√	√			%
Patient Passport	√	√		√		%

(N = 5)

Tabled below are the additional methods provided by each Trust:

Belfast Trust	Western Trust	Northern Trust	South Eastern Trust	Southern Trust
LD services provide considerable support to individual clients to access healthcare by 1. Direct care by LD staff 2. The provision of accessible information, education and advice and by supporting access to other health related services 3. Access and any adjustments to other health related services tends to be by individual negotiation by LD staff 4. The GAIN project is working to ensure that other services also recognise	1. Therapeutic preparation in advance for hospital visits and treatment of outpatients and action plans developed 2. Keyworkers support service users and carers pre and post-acute service need and also support care pathways in areas such as dementia and palliative care	1. Communication passport when one is completed 2. Traffic light system being implemented in some departments		1. How best to support communication; Dysphagia Guidelines and Placemats – developed from Speech & Language Therapy

their responsibilities in this matter and make changes where necessary				

Standard 26; All people with a learning disability whose behaviour challenges should be able to get support locally from specialist learning disability services and other mainstream services, as appropriate, based on assessed needs

Question refers to Standard 26 PI 1 Percentage of individuals with significant challenging behaviours who have a "Behaviour Support Plan" including advance directives in place that detail actions to be undertaken in the event of their challenging behaviours escalating.

Question	Belfast Trust	Western Trust	Northern Trust	South Eastern Trust	Southern Trust
Number of people with a learning disability with challenging behaviour that are known to your Trust	Not answered	Not known for Adult Services	93* *NHSCT has a specialist Tier 3 Positive Behaviour Support Service (PBSS) supporting adults with **severely** challenging behaviour. In addition many people are supported through Tier 2 Community Learning Disability Teams	179	Not answered
Does your Trust have a behaviour support plan for people with a learning disability whose behaviour challenges?	Not answered	Yes	Yes	Yes	Yes**

If yes, Number of behaviour support plans in place in Trust	Not answered	Unable to quantify. This is a significant number 300+	Of the 93 clients known as PBSS 67 have a plan in place. Clients discharged from PBSS have plans in place which remain "live"	115* This figure is based on the caseload of the behaviour support services on 1/9/14 across the three sectors across children and adults	Not answered
Does your Trust have an action plan to be implemented in the event of challenging behaviour	Yes	Yes	Yes	Yes	Yes
Evidence provided re action plan	1. All behaviour support plans include the responses to be taken if challenging behaviour escalates	1. Care and support plans including behaviour plans in situ for people with challenging behaviour 2. Where appropriate, staff undertake a holistic multi-disciplinary approach for people with	1. All Assessment reports / Behaviour Support Plans include "reactive Strategies" which are specific for each client. 2. More generally, in the event of challenging behaviour escalating,	1. When there is a known significant risk to the person or others there would be action plans developed in multidisciplinary formats including Promoting Quality Care Risk Assessments, behaviour	1. Each client's behaviour that challenges is individually risk assessed on an ongoing basis and responded to appropriately. 2. All plans contain pro and re active management strategies which are

		challenging behaviour with inputs from Psychology, Psychiatry, Behaviour Support, OT, SALT, Autism etc. 3. Also take into account any risk assessment that informs the care and support and behaviour plan. There are a range of cases which present which require a range of external organisation s – PSNI, Probation and inputs from the	the PBSS are contacted for advice and they try to respond wherever possible. If required, emergency respite may be sought through the NHSCT's respite Unit in Hollybank, Magherafelt or the challenging behaviour Respite Unit at Woodford Park, which is provided through Fairways Independen t Living Initiate (FILI)	support plans if appropriate or plans put in place by the wider multi-disciplinary team consultation with clinical Psychology and Psychiatry and other professional s with input to the case	designed to deal with the full range of behaviours routinely engaged by the individual client 3. Behaviour which presents a significant risk of harm to the individual or other members of the public are referred to the Dorsey inpatient facility where the individual can be kept safe and the behaviour contained until strategies can be implemented to address

		newly established Community Forensic service for adult services			the challenging behaviour. 4. On discharge from hospital BSS/CLDT/AHP staff collaborate, to ensure seamless transfer of assessment outcomes and positive behavioural strategies are transferred and adhered to in the clients community / family placement

(N = 5)

** Additional comment by Southern Trust in relation to question Does your Trust have a behaviour support plan for people with a learning disability whose behaviour challenges?

- All clients identified as experiencing challenging behaviour are initially referred to Psychiatry of Learning Disability, Community Behaviour Support and are seen in emergency by the Crisis response team. Clients are then referred and are worked with in their own community setting with Crisis Response in the first instance and the Community behaviour Support service who would routinely develop a behaviour support plan following a detailed functional analysis assessment of challenging behaviour. If the behaviour in question does not respond to the appropriate interventions and admission to the Dorsey inpatient facility at Bluestone, Craigavon Area Hospital is warranted further analysis and adjustments may be made to the Behaviour Support Plan developed in the community

Question refers to Standard 26 PI 2 Where challenging behaviours present a significant risk to the individual or others or a risk of breakdown in accommodation arrangements, a specialist assessment has been completed within 24 hours.

Where challenging behaviour present a significant risk to the individual or others or a risk of breakdown in accommodation arrangements does your Trust provide a specialist assessment completed within 24 hours	**Percentages**
Yes	40% (2)
No	60% (3)

(N = 5)

Tabled below is the supporting evidence provided by each Trust:

Belfast Trust	Western Trust	Northern Trust	South Eastern Trust	Southern Trust
1. Every effort would be made to provide some form of immediate response but a specialist challenging behaviour assessment is not currently available within that time frame	1. The Trust endeavours to have specialised assessments completed as soon as possible when the need is identified, subject to available resources. 2. However, the Trust is also establishing a Crisis response service which will go some way towards meeting this standard	1. The PBSS would, wherever possible, try to respond to all urgent situations where the person's behaviour is presenting a significant risk or if there is a risk of breakdown in accommodation within 24 hours to complete an assessment. 2. It is acknowledged, however, that at present these services do not provide an out of hour's service so this is not always possible. 3. The PBSS are in the process of developing	1. Currently there is no out of hours specialist assessment and treatment within the Trust	1. The Crisis response team aim to respond within the hour and develop and implement a management plan and liaises closely with the key Worker / CLDT to effectively manage outcomes for each individual

		an extended service which aims to provide out of hours support		

Question refers to Standard 26 PI 3 Where challenging behaviours present a significant risk to the individual, a Management Plan has been developed and implemented within 48 hours.

Where challenging behaviour present a significant risk to the individual does your Trust develop and implement a Management Plan within 48 hours	**Percentages**
Yes	40% (2)
No	60% (3)

(N = 5)

Tabled below is the supporting evidence provided by each Trust:

Belfast Trust	**Western Trust**	**Northern Trust**	**South Eastern Trust**	**Southern Trust**
1. The Service Area operates within regional safeguarding policies and POC guidance to provide immediate management plans	1. The Trust endeavours to provide management plan / support where significant risk presents, based on individual cases as they arise	1. As previously mentioned, the PBSS do try to respond to all urgent situations as quickly as possible. This will involve a visit to assess the situation and preliminary	1. Full behavioural assessment takes place over a number of weeks but as with previous question a management plan would be developed involving the extended multidisciplinary team if available to	1. Not answered

		advice is provided although it is unlikely that this will be in the form of a written management Plan in all cases within 48 hours. 2. The PBSS can, however, provide direct support during this period to help resolve the situation	manage the risk in the short term. The 48 hour timescale may not be met due to no out of hours service	

Question refers to Standard 26 PI 4 Evidence that HSC has engaged with other relevant delivery partners in developing and implementing consistent approaches in individual cases.

Does your trust engage with other relevant delivery partners in developing and implementing consistent approaches in individual cases?	**Percentages**
Yes	80% (4)
No	20% (1)

(N = 5)

Tabled below is the supporting evidence provided by each Trust:

Belfast Trust	Western Trust	Northern Trust	South Eastern Trust	Southern Trust
1. Regular communication, consultation, information sharing and meetings with all partners in individual cases	1. Person centred plans in operation in adult services – multi agency and multi-disciplinary team working	1. The PBSS ensures that all Behavioural Support Plans are developed in conjunction with delivery partners and training is provide where necessary, to help ensure consistent implementation of any strategies recommended	1. Link meetings between SET personnel and service providers	1. Not answered

Question refers to Standard 26 PI 5 Percentage of people labelled as challenging who are not living in a congregate setting described as a challenging behaviour or specialist assessment/treatment service.

Does your trust engage have challenging behaviour units / specialist assessment / treatment service for people labelled as challenging	Percentages
Yes	100% (5)
No	0% (0)

(N = 5)

Tabled below is the supporting evidence provided by each Trust:

Belfast Trust	Western Trust	Northern Trust	South Eastern Trust	Southern Trust
1. Specialist inpatient services are provided for children with a learning disability for Belfast, Southern, South Eastern and Northern patients at Iveagh Centre 2. Specialist inpatient challenging behaviour unit at Donegore and Killead at MAH 3. As well as specialist assessment and treatment units at Cranfield ward Muckamore Abbey hospital alongside a	1. Assessment and treatment at Lakeview Hospital, in home, in community settings, residential and supported living facilities, specialised support services for adults with learning disability	1. Hollybank respite Unit (Magherafelt). This is a NHSCT facility and provides respite for adults with challenging behaviour. It can also provide emergency respite or an assessment / intervention service in conjunction with the PBSS, albeit on a limited basis due to current funding arrangements 2. Woodford Park (Coleraine). This service is commissioned by NHSCT and provided by Fairways	Within SET we have 1. Mountview Behaviour Support Unit 2. Struell Lodge 3. Glenmor Children's Residential Facility 4. Lindsay House Which are all resourced to manage challenging behaviours There are no specific inpatient assessment and treatment facilities within the Trust but assessment is carried out through use of the multidisciplinary team within the trust in a peripatetic manner	1. Within one of our Day Centres the needs of persons assessed as having challenging behaviour are catered for within a designated wing of the Windsor Day Care Centre in Newry with opportunity for integration with other attenders throughout the day with appropriate levels of staff support 2. Service users have multi-disciplinary intervention of Speech and language Therapist

psychiatric Intensive care unit and a low secure forensic ward 4. The service area operates a community based Behaviour Support Service which is currently being developed further as an Intensive Support Service		Independent Living Initiate. They provide a respite service for adults with challenging behaviour and can also provide emergency respite provision although again this is on a limited basis		Behaviour Support Teams to provide staff training on communication methods to enhance and interpret communication methods

Standard 27; All people with a learning disability who come into contact with the Criminal Justice System should be able to access appropriate supports

Question refers to Standard 27 PI 1 Evidence that the HSC has engaged and developed local protocols with relevant delivery partners to achieve consistent and co-ordinated approaches to working with people with a learning disability who have offended or are at risk of offending.

Does your trust engage with and develop local protocols with relevant delivery partners to achieve consistent and co-ordinated approach to working with people with a learning disability who have offended or are at risk of offending	Percentages
Yes	100% (5)
No	0% (0)

(N = 5)

Tabled below is the supporting evidence provided by each Trust:

Belfast Trust	Western Trust	Northern Trust	South Eastern Trust	Southern Trust
1. The inpatient service at Muckamore has an adapted sexual offenders treatment programme developed and implemented	1. Adult learning Disability works in a multi-agency and multi-disciplinary team context on a person centred basis on presenting	1. Forensic Services Protocols in place	1. The Trust would fully adhere to the Guidance of Promoting Quality Care and maintains a register of individuals who have offended or are at risk of offending.	1. All people with a learning disability who come into contact with the Criminal Justice System are able to access appropriate

at Muckamore Abbey Hospital to work with people with a learning disability who have offended or who are at risk of offending 2. The Service Area has a community based forensic psychologist who works with individual clients but who also provides guidance, information and advice to other staff and partners 3. The Service Area works to PPANI	need e.g. PSNI, Probation, Prison Service, PPANI, MARAC		2. The comprehensive assessment and associated multi-disciplinary decision making meetings would involve all significant partners, voluntary, statutory and private providers, including the PPU, Adult Safeguarding etc.	support services in response to their assessed need in the same way as the general learning Disability population 2. These cases are normally case managed by the Community Forensic Learning Disability team who work in partnership with external agencies, i.e. PSNI, PBNI, PPANI and the Prison Service in order to achieve a consistent

4. The Service Area has close links with local PSNI services 5. The Service Area liaises with probation services as appropriate				and co-ordinated approach to care provision

Standard 28; HSC professionals should work in partnership with a variety of agencies in order to ensure that the accommodation needs of people with a learning disability are addressed

Question refers to Standard 28 PI 3 Percentage of people in receipt of public funding living in households of 5 people or less with a learning disability. * Small-scale, supported living arrangements (5 or less) have been shown to offer a better quality of life for people with a learning disability as compared to congregated living arrangements

Does your trust work in partnership with a variety of agencies in order to ensure that the accommodation needs of people with a learning disability are addressed e.g. small-scale* supported living?	**Percentages**
Yes	100% (5)
No	0% (0)

(N = 5)

Tabled below is the supporting evidence provided by each Trust:

Belfast Trust	Western Trust	Northern Trust	South Eastern Trust	Southern Trust
1. The trust works in partnership with other Trusts, Housing Sector, voluntary and private sector providers and a range of key professionals to ensure the	1. Adult Learning Disability works very closely with carers, service users, Supporting People, Northern Ireland Housing Executive Complex Needs Officers, Housing Associations etc.	1. Trust works with a number of Housing Associations, The Housing Executive and Care Providers to provide accommodation support and care to tenants	1. The trust has developed supported living in partnership with Supporting People, and a range of Housing Associations and providers across all three sectors within the Trust e.g.	1. The Trust works in partnership with the NIHE and a range of housing providers in identifying housing need and delivery of small scale supported living

accommodation needs of people with a learning disability are addressed through the continuum of service provision required 2. The Service Area does not experience financial constraints in providing small scale accommodation options and homecare options as these can be significantly more expensive with larger scale services	to plan for and identify the accommodation needs of young people and adults with learning disability	2. Business cases are developed individually when required 3. A regional procurement process with the Housing Executive and Trust is currently being developed	Mullaghcartan (Autism Initiatives) A range of houses with Mainstay DRP in Downpatrick and East Coast scheme (Positive Futures) in Bangor, to name just a selection 2. The trust also has its own Supported Living schemes in Bangor, Lisburn and Downpatrick	units throughout the Trusts locality

* Small-scale, supported living arrangements (5 or less) have been shown to offer a better quality of life for people with a learning disability as compared to congregated living arrangements

Standard 34; All people with a learning disability being assessed for supportive and palliative care should have their learning disability taken into account in consultation with them, their carers and learning disability services when appropriate

Question refers to Standard 34; PI 1 "Palliative care services have mechanisms to identify whether people have a learning disability"

Does your Trust's Palliative Care Service have mechanisms to identify whether people have a learning disability?	Percentages
Yes	100% (5)
No	0% (0)

(N = 5)

Tabled below is the supporting evidence provided by each Trust:

Belfast Trust	Western Trust	Northern Trust	South Eastern Trust	Southern Trust
1. The TRUST's Palliative Care Service does not have a formal mechanism for identification but linkages between this service and LD services are good and there is good co-	1. ALDS Community Teams engage proactively with the Palliative Care Team to ensure a high quality of standard of service is provided based on identified	1. Head of Service in learning disability represents the mental health and disability directorate at bi monthly meeting of the Northern Palliative Care Programme Board and works with the palliative service improvement lead on	1. Prior to involvement of the Palliative Care Services District Nursing in coordination with Community Learning Disability Nursing are aware of the individual's	1. Speech & Language Therapy e.g. have provided palliative care staff with training regarding communication on dysphagia to support adults with a learning

ordination on individual cases	care needs. 2. The ALDS is involved in the implementation of the Palliative Care Strategy within the Western Trust and the enhancement of care pathways to support care need.	relevant issues e.g. end of life education subgroup. 2. Recent request made to meet with service improvement lead to discuss learning disability service framework requirements. 3. Recommendations made to service lead for palliative care for process mapping while we considered the need to highlight the learning disability we considered Bamford ,TYC etc it was viewed that consent and capacity were more important. 4. Within this context while there is no single indicator that the person has a learning disability but there are a number of standard mechanisms to determine this for example the GP/practice will be	condition. When this changes to a palliative care stage CLND would continue to support the palliative care team in the specific needs of the person learning disability. The other members of the Community Learning Disability Team will provide support through the various stages in terms of the individuals needs for Social Work, Care Management, Speech & Language Therapy, Physiotherapy, Occupational Therapy and Psychology	disability receiving palliative care. A recent workshop was organised within the Trust between Palliative Care Services and Disability Services to highlight the specific needs of persons with a learning disability with palliative care needs. An action plan is currently being developed to progress this work unfolding from this workshop

		aware ,community learning disability services will also have knowledge of the disability if known to the team and the family's contact with services. 5. Trust services such as supported living services have embarked on training over the past 2 years on palliative care as many of our service users are requesting to die at home in their supported living tenancy ,have their wake there and have their funeral conducted at their place of residence.	Services.	

Question refers to Standards 34; PI 2 “Evidence of specific actions in service delivery that make reasonable adjustment for their learning disability”

Does your Trust in relation to palliative care support make reasonable adjustments for person’s learning disability	Belfast	Western	Northern	South Eastern	Southern	Percentage for provision of service
Longer appointments times		√	√	√		60% (3)
Offer first or last appointments		√	√			40% (2)
Provision of easy read information	√	√	√	√	√	100% (5)
Close involvement and support of family carers	√	√	√	√	√	100% (5)
Appropriate waiting facilities			√	√		40% (2)
Pre-admission visits		√	√	√		60% (3)
Fast tracking arrangements when appropriate e.g. E.D. Departments		√	√			40% (20
Patient Passport		√		√		40% (2)

(N = 5) **N.B. - None of the 5 Trusts refer to “other” support being provided**

LDSF Standards audited against PHA & HSCB

Standard 6; People with a learning disability should expect effective communication with them by HSC organisations as an essential and universal component of the planning and delivery of health and social care.

Question refers to Standards 6; PI 2. "Develop and agree a regional training plan for staff in both HSC and services commissioned by HSC to raise awareness of communication difficulties and how they may be addressed".

Training plan in place for HSC staff	**Percentages**
Yes	0% (0)
No	100% (2)
Training plan in place for services commissioned by HSC	**Percentages**
Yes	0% (0)
No	100% (2)

(N = 2)

Tabled below is the supporting evidence provided by each organisation:

Public Health Agency	Health & Social Care Board
1. The PHA have not developed a regional training plan for staff but in some instances where PHA has commissioned training programmes for a range of health behaviours attention is given to adapting these to meet communication needs of people with LD	1. The specification and tender document is currently being developed for "Involving people" training (HSCB PPI Training). "Involving people" training will be delivered to HSCB staff and there are plans to include a specific section on raising awareness with staff of the communication difficulties of people with LD and how to overcome these

Standard 15; People with a learning disability should be supported to have meaningful relationships, which may include marriage and individual, unique, sexual expression within the law, balancing their rights with responsibilities.

Question refers to Standards 15: PI 1 "Regional guidelines on sexuality and personal relationships are developed to ensure a consistent approach".

Has your organisation been involved in the development of Regional guidelines on sexual and personal relationship developed to ensure consistent approach?	**Percentages**
Yes	0% (0)
No	100% (2)

(N = 2)

N.B. If the organisations answer no, they are then asked to provide an update for the Regional Guidelines. Tabled below is the supporting evidence provided by each organisation:

Public Health Agency	**Health & Social Care Board**
The Northern and South Eastern Trusts are currently developing guidelines on Relationship and Sexuality Education	1. A sub group of the "Learning disability and health care improvement steering group" is taking forward the development of the guidelines 2. This group has representation from the five trusts, PHA , HSCB and FPA. 3. The sub group has met and has considered draft report. The draft guidelines have also been shared with disability organisations for comment from service users.

Standard 18; All parents with a learning disability should be supported to carry out their parenting role effectively.

Question refers to Standards 18; PI 1 "Develop and agree a regional protocol between children's and adult services for joint working and care pathways".

Has your organisation developed and agreed a regional protocol between children's and adult services for joint working and care pathways to support parents with a learning disability?	**Percentages**
Yes	100% (1)
No	0% (0)

- (N = 1) N.B. This question was answered as N/A by the Public Health Agency and added the comment "not sure if this question is relevant for PHA".
- The question for the HSCB was answered as Yes and they provided the following status update on the above protocol:

1. Children's and Young people's Strategic Partnership (CYPSP) regional transition group has developed an action plan for implementation - for ref: ww.cypsp.org.
2. Northern Ireland Children's order 1993 Article 18 of the Children's Order -
   (b) so far as is consistent with that duty to promote the upbringing of such children by their families.

Standard 21; All people with a learning disability should be supported to achieve optimum physical and mental health

Question refers to Standards 21; PI 1The PHA and each HSC Trust has a health improvement strategy for people with a learning Disability (children and adults) to address all relevant physical and mental health promotion and improvement needs.

Does your organisation have a health improvement strategy for people with a learning disability in the areas below	Public Health Agency	Health & Social Care Board
Mental health	No	N/A
Physical activity	No	N/A
Nutrition	No	N/A
Tobacco	No	N/A
Alcohol and drugs	No	N/A

- N.B. This question was answered as No by the Public Health Agency, with the following comment " The PHA have developed a wide range of Thematic health & Social Wellbeing Improvement Action Plans including Black & Minority Ethnic Groups, Breastfeeding, Drugs and Alcohol, Education, Lesbian, Gay, Bi-Sexual and transgender, Looked after Children, Mental health, Obesity Prevention, Older People, Poverty, Prison & Prisoners, Sexual health, Smoking Cessation, Sustainable Communities, Travellers and Workplace Health.
  A number of these plans have specific actions / objectives in relation to Learning Disability however an overall principle of each action plan is the targeting of at risk / vulnerable groups or populations with particular regard to addressing health inequalities
- N.B. This question was answered as N/A by the HSCB, with the following comment "PHA have identified lead in Health & Social well-being improvement to ensure LD is included in the above plans

Standard 22; All people with a learning disability who experience mental ill health should be able to access appropriate support

Question refers to Standard 6 PI 1 The PHA and each HSC Trust has a health improvement strategy for people with a learning disability (children and adults) to address all relevant physical and mental health promotion and improvement needs.

Is your organisation involved in the development of regional protocols to ensure that people with a learning disability can access mental health services??	**Percentages**
Yes	0% (2)
No	100% (2)

(N = 2)

NB Although the HSCB have answered this question as **NO,** they have provided the following comment;

- This has been identified as “Best Practice” and the intention is to move away from Mental Health support in Regional Hospitals to community focused Mental Health service delivery. Ref “Your in Mind” Regional Mental Health care pathway.

LEARNING DISABILITY PoC			
ISSUES ROLLED FORWARD FROM DSF REPORT APRIL 2009 TO MARCH 2010			
Issue	**Progress**	**Action by**	**Date completed**
Deprivation of Liberty			
It was noted that the Judicial Review is pending.	***Update from meeting held on 6.12.11*** Trust has provided the Board with a copy of legal advice received in the Judgement regarding Guardianship. **TO BE REMOVED AS PER DSF MEETING ON 19.6.12**	T	19.6.12

NEW ISSUES RAISED IN DSF REPORT APRIL 10 TO MARCH 11			
Audits and Reviews (LD)			
The learning Disability Programme outlined a number of reviews and audits where they are awaiting formal feedback. HSCB would request a summary of the formal findings and any remedial action in the mid year report for the following: • RQIA audit of PQC • Adult Safeguarding arrangements at Muckamore Abbey Hospital • RQIA review of Guardianship arrangements • Internal DOLS review.	Trust to report the outcome of these in their Interim report.	T	
Adult Placement (LD)			
An internal audit of compliance with Adult Placement standards noted poor compliance. HSCB would request an urgent summary of the areas of concern, and a copy of the Trusts action plan to remedy the deficits identified.	Restatement with Trust staff of their duties and responsibilities. Re audit – review with Trust in September 2012. Update on progress for Interim report.	T	
Muckamore Resettlement Targets (LD)			
HSCB would suggest that the "moderate" designation of the risk of failure to achieve the resettlement target for Muckamore Abbey Hospital is an underestimate. In the light of the serious legal and financial risks to the Trust that may arise. Also concomitant risks associated with other Trusts failing to meet their targets. The Board would request that the Trust review its risk assessment with a view to notifying to their Corporate risk register and developing a management plan to mitigate the risks.	John Veitch gave an update as to how this is progressed. Plan to have achieved this by 31 March 2014. Trust to advise on progress in their Interim report.	T	

T = Trust to action; B = Board to action

Updated 4/7/12

Learning Disability Over 65 years (LD)			
The Learning Disability programme reported it's over 65 population in previous DSF reports, however this year it records that it was unable to disaggregate by age profile in this year. Given the complexities for people with LD in older age, and issues previously identified for older carers the Board would request that the Programme review its data collection and monitoring processes so that this information is available to inform any future demographic investment and service planning.	Trust accept this is a deficit in their information. They need to address this. HSCB to check if breakdown was able to be provided in previous years reports. HSCB confirmed that the only over 65 information provided in the 2010/2011 DSF report was in respect of new referrals.	T B	27.6.12
Needs that could not be met (LD)			
The Learning Disability programme identifies service deficits across the spectrum of social care services. It cites "complete lack of service, inadequate service provision or a poorer quality of provision." The Board would request a more detailed analysis of this issue and any strategies or actions the Trusts is or will be taking to attempt to address the issues.	This issue is to be addressed in local meetings.	T / B	
Mental Health Order (LD)			
The Board notes the significant improvement in the reduction of Nearest relative admissions in the Learning Disability Programme. However they will need to update their report for Section 9 of the data return in the light of the update from the ASW Lead. Also the Board would request that the learning Disability Programme make arrangements to monitor their activity	HSCB noted that they had received this 19.6.12	T	19.6.12

T = Trust to action; B = Board to action

under the MHO, particularly performance against standards for completion of ASW reports and SCR reports for nearest relative admissions.			

LEARNING DISABILITY PoC			
ISSUES ROLLED FORWARD FROM DSF REPORT APRIL 2010 TO MARCH 2011			
Issue	**Progress**	**Action by**	**Date completed**
NEW ISSUES RAISED IN DSF REPORT APRIL 11 TO MARCH 12			
Audits and Reviews (LD)			
The learning Disability Programme outlined a number of reviews and audits where they are awaiting formal feedback. HSCB would request a summary of the formal findings and any remedial action in the mid year report for the following: • RQIA audit of PQC • Adult Safeguarding arrangements at Muckamore Abbey Hospital • RQIA review of Guardianship arrangements • Internal DOLS review.	Trust to report the outcome of these in their Interim report. 13.9.12 – RQIA / PQC – final report not yet issued. Adult Safeguarding / Muckamore – Practice in line with guidance. RQIA/Guardianship report not issued yet. Internal DOLS – significant numbers identified. Review processes adjusted in line with guidance.	T	13.9.12 13.9.12
Adult Placement (LD)			
An internal audit of compliance with Adult Placement standards noted poor compliance. HSCB would request an urgent summary of the areas of concern, and a copy of the Trusts action plan to remedy the deficits identified.	Restatement with Trust staff of their duties and responsibilities. 13.9.12 - Re audit – Trust plan reaudit in October 2012.	T	20.03.2013

T = Trust to action; B = Board to action

Updated 25.3.13

	20.13.2013 – re-audit of Adult Placement standards completed and services are now compliant.		
Muckamore Resettlement Targets (LD)			
HSCB would suggest that the "moderate" designation of the risk of failure to achieve the resettlement target for Muckamore Abbey Hospital is an underestimate. In the light of the serious legal and financial risks to the Trust that may arise. Also concomitant risks associated with other Trusts failing to meet their targets. The Board would request that the Trust review its risk assessment with a view to notifying to their Corporate risk register and developing a management plan to mitigate the risks.	John Veitch gave an update as to how this is progressed. Plan to have achieved this by 31 March 2014. Trust to advise on progress in their Interim report. 13.9.12 – Regional process is now more proactive. Risks mitigated.	T	13.9.12
Learning Disability Over 65 years (LD)			
The Learning Disability programme reported it's over 65 population in previous DSF reports, however this year it records that it was unable to disaggregate by age profile in this year. Given the complexities for people with LD in older age, and issues previously identified for older carers the Board would request that the Programme review its data collection and monitoring processes so that this information is available to	Trust accept this is a deficit in their information. They need to address this. HSCB to check if breakdown was able to be provided in previous years reports. HSCB confirmed that the only over 65 information provided in the 2010/2011 DSF report was in respect of new referrals.	T B	27.6.12

inform any future demographic investment and service planning.			
Needs that could not be met (LD)			
The Learning Disability programme identifies service deficits across the spectrum of social care services. It cites "complete lack of service, inadequate service provision or a poorer quality of provision." The Board would request a more detailed analysis of this issue and any strategies or actions the Trusts is or will be taking to attempt to address the issues.	This issue is to be addressed in local meetings. Trust to provide analysis of service deficits and action plans in their interim report. 13.9.12 – Trust to provide a more detailed analysis of unmet need. 20.03.2013 – Trust provided unmet need data and cited pressures arising from; transfer from children's services with high needs; new cases moving to the area; older clients and family carers; and new delayed discharges (from Apr 2011 onwards). It is likely that additional pro rata funding for "new delayed discharges" will be available to the Trust for 2013/14. However there is an expectation that there should be an impact of several years of funding in community infrastructure to reduce the number of admissions and facilitate discharges. The expectation that some of these needs should be dealt with through increased investment in social care and community infrastructure associated with resettlement; making best use of "Bamford" resources from the Supporting People Programme; and	T / B	20.03.2013

	additional carers support funding coming form LCG. The need for robust and ongoing data about older LD population and older carers was confirmed.		
Mental Health Order (LD)			
The Board notes the significant improvement in the reduction of Nearest relative admissions in the Learning Disability Programme. However they will need to update their report for Section 9 of the data return in the light of the update from the ASW Lead. Also the Board would request that the Learning Disability Programme make arrangements to monitor their activity under the MHO, particularly performance against standards for completion of ASW reports and SCR reports for nearest relative admissions.	HSCB noted that they had received this 19.6.12 Learning Disability Programme to collect relevant MHO data for reporting in 2012 / 2013 DSF report.	T	19.6.12
NEW ISSUES RAISED AT MEETING ON 13.9.12			
The Trust advised that they were seeking a declatory judgement in a case where there is a disagreement with a carer about Guradianship.	Trust to keep HSCB advised of outcome. 20.03.2013 – declaratory judgement in favour of the Trust restricting access to protect a client from potential sexual abuse and emotional harm has established the role of the High Court in welfare decision. The Trust are considering seeking declaratory judgements in two cases where relatives are	T	20.03.2013

	refusing hospital discharge. JM case – Judge has reserved judgement. Trust continues to exercise powers to restrict leave of absence for the protection of self and others. JR45 – delayed discharge case. Awaiting DHSSPS decision on making an appeal. There is likely to be a damages claim. Also Law Centre indicating a number of other similar cases that they plan to pursue.		

MENTAL HEALTH & LEARNING DISABILITY – LEARNING DISABILITY					
Originating date	**Issue**	**Action**	**Outcome**	**Action by**	**Date completed** (if not completed, carry forward)
June 2012	***RQIA Review of Guardianship***				
	RQIA report on their review of the Trusts arrangements for Guardianship has not yet been issued.	Trust to report the outcome of these in their Interim report.		T	23.5.13
June 2013	**Office of Care and Protection (section 9.9)**				
	Learning Disability service area reported that OCP are refusing referrals under Article 107 where the individual's only income is benefits. The Board would wish to clarify this as OCP appear to be continuing to accept referrals from the Trusts Adult Mental Health and Older People's programmes; and the issue has not been raised by other Trusts Trust advised that this is a recent development.	Trust to forward They will forward a redacted copy of correspondence from OCP for information.	Letter dated 18/02/2013 from OCP received. OCP specifically declined to issue any further Certificates of Authority to independent service providers. The Board would support this stance, and has raised concerns about such arrangements with the Trust on previous occasions.	T	04.07.2013

T = Trust to action; B = Board to action

Updated 2.6.14

MENTAL HEALTH & LEARNING DISABILITY – LEARNING DISABILITY					
Originating date	**Issue**	**Action**	**Outcome**	**Action by**	**Date completed (if not completed, carry forward)**
June 2013	**Judicial Review JR47**				
	Resettlement patient waiting for in excess of 5 years in hospital for discharge package. On appeal the Court found against DHSSPS in terms of breech of Article 15 HPSS (NI) Order 1972. Trust is concerned that there will be significant financial liability in respect of the whole resettlement / delayed discharge population. This has regional implications, (and may also extend to MH populations).	Recent advice issued by DHSSPS. Trust to follow Guidance re individual cases. Board will consider regional implications via Resettlement Boards	Issues notified to Resettlement Boards. However no further challenges have arisen.	B	31.3.14
June 2013	**Resettlement Targets**				
	LD Service Area identified a risk associated with failure to achieve resettlement targets in terms of "lack of resource" and "lack of community infrastructure". The Board consider that the	Trust to review its resettlement plans to ensure best use of alternative resources including DSD "Bamford" resources for supported housing.	Wording amended in Interim DSF report. Progress and settlement monitored through Regional Integration Team.	T	31.10.13

MENTAL HEALTH & LEARNING DISABILITY – LEARNING DISABILITY					
Originating date	**Issue**	**Action**	**Outcome**	**Action by**	**Date completed (if not completed, carry forward)**
	resettlement programme has been fully funded in terms of placement costs and community infrastructure.				
June 2013	**MHRT Unexpected Discharges**				
	LD Service Area Trust identified cost pressures and practical barriers to providing care packages for people unexpectedly discharged via a MHRT.	Trust to advise how many people were "unexpectedly discharged" by MHRT during the reporting period. Trust was reminded that the Board had undertaken to consider additional funding in these circumstances on application from the Trust.	2012/13 - 1 person unexpectedly discharged by MHRT Trust to provide package details	T	20.6.13
June 2013	**Care Management**				
	DSF unclear in respect of Learning Disability service area meeting care management standards for regular review of care packages.	LD Service area clarified that they are compliant with Care Management review Standards.		T	20.6.13

T = Trust to action; B = Board to action

Updated 2.6.14

MENTAL HEALTH & LEARNING DISABILITY – LEARNING DISABILITY					
Originating date	**Issue**	**Action**	**Outcome**	**Action by**	**Date completed** (if not completed, carry forward)
June 2013	**Carers in receipt of services at 31/03/2013 (5.4 & 5.7)**				
	The LD service area's response "the service area does not collate information on the number of carers it is involved with" is of concern.	LD service area will review and amend their report on services to carers to include number and range of services being offered at 31/03/2013	Revised report in Interim DSF Report	T	30.10.13

MENTAL HEALTH & LEARNING DISABILITY – LEARNING DISABILITY					
Originating date	**Issue**	**Action**	**Outcome**	**Action by**	**Date completed** (if not completed, carry forward)
June 2014	**Regional Learning form Judicial Review and Declaratory judgments**				
	The Board is developing a more systematic and robust dissemination of learning from Judicial Reviews and declaratory judgements through the Learning Matters newsletter and would request that the Trust continue to advise of any local hearings that might have regional learning or implications.	Board to review the Judicial reviews and Declaratory judgements reported by Trusts for regional learning.	None reported	B	
June 2014	**Service Reshape**				
	The Trusts report of the reshape of adult learning disability services is welcome, particularly the integration of psychology and behavioural support elements into community teams, and the strengthening of behavioural support.	The Trust confirmed that they had given thought to extending community services outside of normal office hours. The Board advised that the commissioning specifications for 2014/15 community infrastructure will focus on extending evening	No further action required.	T	19.06.2014 .

T = Trust to action; B = Board to action

Updated 03.06.15

MENTAL HEALTH & LEARNING DISABILITY – LEARNING DISABILITY					
Originating date	**Issue**	**Action**	**Outcome**	**Action by**	**Date completed** (If not completed, carry forward)
		and weekend cover. The Trust also advised that they have convened meetings with the other Trusts that use Muckamore Abbey Hospital to consider streamlining and equity for all of the patients being discharged from Muckamore. Also to ensure good communication and understanding of the acute assessment and treatment unit into the future.			
June 2014	**Planning MHRT Discharges**				
	The Board welcomes the Programmes intention to meet with MHRT to discuss safe and considered discharge arrangements for patients discharge by the Tribunal. Feedback from this meeting may be useful for regional learning.	Trust to provide feedback on the outcome of discussion with MHRT	The Trust has met with MHRT and requested Tribunals to be held am and as early in the week as possible to allow for contingency plans to be implemented when the Tribunal rules for	T	18.11.14

MENTAL HEALTH & LEARNING DISABILITY – LEARNING DISABILITY					
Originating date	**Issue**	**Action**	**Outcome**	**Action by**	**Date completed** (if not completed, carry forward)
			discharge against medical advice. They are awaiting a response to this request.		
June 2014	**Referrals to the Office of Care and Protection**				
	The Board again notes the Programmes concern about referrals to OCP and notes that they did not refer any cases in the reporting year. An analysis across programmes of care shows that Mental Health and Older People's services appear to have continued to make referrals.	The Board will review the regional trends and discuss further with the Trust.	The Board have reviewed other geographies and other PoC and there were no other reports of difficulties in making referrals to OCP. The Trust advised that more recently OCP have been accepting referrals for the LD Poc, however it remains problematic if the Trust is the service provider. OCP are still reluctant to delegate authority to manage finance to the Trust when it is directly providing the accommodation based services.	B/T	18.11.14

MENTAL HEALTH & LEARNING DISABILITY – LEARNING DISABILITY					
Originating date	**Issue**	**Action**	**Outcome**	**Action by**	**Date completed** (If not completed, carry forward)
June 2014	**Complex needs for people transitioning from children's to adult services**				
	Board notes the issues raised by the programme in respect of the increase in the numbers and complex needs of young people transitioning into adult LD service. This would appear to be a regional trend.	The Board intends to assess further with consideration for future commission intent should finances allow. The Board will continue to raise needs post 2015 with DHSSPS	No further action required.	B	19.06.2014
June 2014	**High Cost Delayed Discharges**				
	The Board notes that the Trust is reporting 18 delayed discharges with complex needs that are thought to require bespoke packages in excess of £85,000 - £400,000 pa.	The Trust should continue to provide the Board with detail of individual high cost cases, with a view to maintaining regional consistency.	No further action required.	B/T	19.06.2014

MENTAL HEALTH & LEARNING DISABILITY – LEARNING DISABILITY					
Originating date	**Issue**	**Action**	**Outcome**	**Action by**	**Date completed** (If not completed, carry forward)
June 2015	**MHRT – Communication Request**				
	P 133 - Meeting with MHRT 3.7.14 re issues of timing and communication in relation to tribunals (to safely manage MHRT unexpected discharges). MHRT undertook to consider the Trusts proposals. Trust still awaiting response at time of report. How will this be followed up?	Trust to pursue again with MHRT and request further meeting. Trust to advise HSCB of progress. If no progress, Trust will escalate to HSCB. Trust have a further meeting with MHRT scheduled for Jan 2016 Trust still awaiting MHRT decision about the request to tell people the outcome back on the Ward. Trust to follow up.	June 2016 - Trust develops contingency plans prior to Tribunal hearings. MHRT have agreed no reviews to be held on Friday afternoons.	T	June 2016
June 2016	**Hospital delayed discharges**				
	The Trust advises that accumulating new delayed	BHSCT advised that they had 16 delayed discharges but that they			

T = Trust to action; B = Board to action

Updated 25.1.17

MENTAL HEALTH & LEARNING DISABILITY – LEARNING DISABILITY					
Originating date	**Issue**	**Action**	**Outcome**	**Action by**	**Date completed (if not completed, carry forward)**
	discharges is placing pressure on acute in-patient admission wards leading to individuals having to be moved about the hospital and delays in planned admissions.	had plans for each one to achieve discharges by November. BHSCT advised that they had regular meetings with HSCB and were looking at projections over the next 5 years. Also that the review for the future use of Muckamore Abbey is ongoing.			
June 2016	**Deprivation of Liberty / Legal advice re Declaratory Judgements**				
	BHSCT [redacted] [redacted] to seek High Court Declaratory Judgements in respect of all cases that meet the Cheshire West "acid test".		HSCB have identified this as a regional / cross programme issue.	B	June 2016

MENTAL HEALTH & LEARNING DISABILITY – LEARNING DISABILITY

Originating date	Issue	Action	Outcome	Action by	Date completed (if not completed, carry forward)
June 2016	**Hospital delayed discharges**				
	The Trust advises that accumulating new delayed discharges is placing pressure on acute in-patient admission wards leading to individuals having to be moved about the hospital and delays in planned admissions.	BHSCT advised that they had 16 delayed discharges but that they had plans for each one to achieve discharges by November. BHSCT advised that they had regular meetings with HSCB and were looking at projections over the next 5 years. Also that the review for the future use of Muckamore Abbey is ongoing.	No further action required	T	March 2018
June 2017	**Recruitment - Psychologists**				
	The Trust report problems in recruiting psychologists in specialist LD areas. How is this impacting of SW workforce, and is it affecting the Trusts ability to discharge statutory functions?	Trust confirmed that this is impacting on social work role. Psychology resource currently concentrated at front end of services with assessment function. The Trust will consider if this is appropriate and consider shifting the resource towards treatment / intervention functions.	No further action required	T	March 2018

T = Trust to action; B = Board to action

Updated 10.5.18

MENTAL HEALTH & LEARNING DISABILITY – LEARNING DISABILITY					
Originating date	**Issue**	**Action**	**Outcome**	**Action by**	**Date completed** (If not completed, carry forward)
June 2017	**Demand for behavioural support OOH**				
	The Trust report under demand for OOH support from the enhanced behavioural support services. On the other hand Muckamore Abbey are reporting new admissions for behaviour rather than treatment. Has the Trust considered making the Behavioural support team as gate keeper for admissions to better use OOH resource and prevent inappropriate admission to hospital?	Trust to review admissions to Muckamore over the past 12 months to identify how many were admitted to manage behaviour rather than treatment and consider how community services might be adjusted to prevent such admissions. Trust identified a deficit in capacity of C&V placement providers to manage challenging behaviours despite high cost of placement. The Board will consider if a regional project is required to improve the capacity of C&V sector partners to manage challenging behaviour in community placements.	Trust has commenced review (stood down extended working hours). Note regional action to consider hard to place clients with behaviour that challenges. This action will be addressed through this workstream 2018/19	T T	March 2018 March 2018

LEARNING DISABILITY			
Date	**Issue / Action / Outcome**	**To be actioned by:**	**Date completed**
June 2018	**Declaratory Judgements in Deprivation of Liberty Cases**		
	Issue ***The Trust again raised issues regarding [redacted] the need to apply to Court for declaratory judgements to place anyone without the capacity to give informed consent to the placement. The Trust was incurring significant costs including staff time to comply with the demands of court, and the fact that Royal College of Psychiatrists have advised their members to consider court reports as private work and to charge accordingly.*** ***HSCB reminded that Trust had been advised to prioritise contentious cases.*** ***Action*** June 2018 - Trusts requested a regional workshop with Legal Advisors to consider this issue. HSCB to give consideration. **Update January 2019** – no further update. This was discussed at the last Mental Health Improvement Board on 11th March 2019. [redacted] **Update June 2019** – Issue addressed through the Mental Health Capacity **Update August 2019** - This will be addressed through the Mental Capacity Act due to implemented in Oct 2019. However, there remains a large number of restrictions of liberty across the Division and it will take some time to have these all reviewed and subject to DOLs under the MCA. This has major resource implications for the Division.	**Board**	**17.6.19**
June 2019	**Admissions**		

LEARNING DISABILITY			
Date	**Issue / Action / Outcome**	**To be actioned by:**	**Date completed**
	Issue ***On p112 and p126 Trust advise- 'remains closed to admissions'? On p114 some clarity is provided about how needs are being been handled (through admissions to Lakeview and MH facilities).*** ***Can Trust provide / seek assurance regarding if this is the case and if and how they are fulfilling their obligations under the MHO?*** ***Action*** June 2019 – Trust advised that this is an error and has been amended and updated in the final version of their report. Trust to forward specific amendment and outline how admissions to MAH are being managed. **Update August 2019** - Trust advised that this is an error and had been amended and forwarded in the final version of their report. Admissions to MAH are being managed on an individual basis. All requests for admissions are being directed through to the Chair of Division for LD and the Director. In the first instance alternatives to hospital are being exhausted following a meeting/ consultation with the referrer including community staff, providers etc. Alternatives have included additional input from the community MDT team, additional input from providers and or alternative placements, including respite options. If a service user is detained for assessment under the Mental Health (N. Ireland) Order 1986 and has a mild to moderate LD then a bed is being sought within general psychiatric wards, initially in Belfast and then across the province. If the service user has a severe LD and has been detained for assessment under the Mental Health (N. Ireland) Order 1986 then a LD bed is sought either within MAH or in another LD facility in N. Ireland. The Purposeful Inpatient Assessment (PIPA) has also been piloted in one ward in the hospital and is due to be rolled out to another ward. This ensures patients are reviewed on a daily basis by the MDT.	**Trust to action by 15.7.19**	**August 2019**

LEARNING DISABILITY			
Date	**Issue / Action / Outcome**	**To be actioned by:**	**Date completed**
	There has also been agreement across the Region in relation to admission criteria for MAH. We are hoping in the future with the development of a crisis and home treatment team that they will undertake the function of gate keeping beds, provide a wraparound service in the community thus reducing hospital admissions and facilitating early discharges.		
June 2019	***Domiciliary Care***		
	Issue ***Trust advise there are 27 Domiciliary care packages outstanding which is noted on risk register.*** ***How is the Trust trying to address this?*** ***Action*** June 2019 – Trust advised this is an ongoing concern which they continue to review. They explained that these were in relation to smaller packages which proved more challenging to provide. **Update August 2019** - Trust are now engaged with the Care Bureau and are accessing more packages. As a result the number of people waiting for a domiciliary care package has reduced to 16.		**17.6.19**

	LEARNING DISABILITY SERVICES		
2.6	**Issue/Action Agreed at DSF meeting in June 2019**	**Progress Update at 31st March**	**RAG Rating**
1.	**Learning Disability Issues** **Issue:** **Detention under Mental Health Order** Number of children detained in Iveagh from BT – implications given this is a regional facility? **Action:** Nov 19 - Review Report and Pathway Paper to be provided	There were six children detained in Iveagh from 1.4.19-31.3.20. Two of these children were from the Belfast Trust. One child was discharged within this period. One of the main challenges faced by Iveagh is a lack of community options leading to delayed discharges, which reduces the hospitals ability to function effectively for assessment and treatment. More comprehensive planning with community colleagues continues to be a focus for the clinical team; however, this is impacted by the regional nature of the service. Feedback from carers was positive in relation to the team and care provided, however, parents expressed concern about delays in securing alternative care options in the community, which remains a challenge with gaps in community provision and services to meet the needs of young people leading to delayed discharges. RQIA flagged Articles 3 and 8 of the Human Rights Act and the UNCRPD. There were a series of Regional Workshops and meetings with the HSCB since the Inspection, however, this pressure continues.	AMBER

		The RQIA inspection indicated they wanted to see an improvement in senior staff presence in Iveagh. The ASM role was reviewed resulting in a dedicated, permanent ASM based in Iveagh, rather than having other roles as part of Muckamore Abbey staff. Staffing deficits were also noted with a reliance on Bank and Agency. While there remains a need for cover, the vacant posts have been recruited with both nursing and HCA staff appointed.	
		The plan for future management of the service remains under review.	AMBER
		The use of seclusion has been stopped since 2018, and the Trust at the time suggested capital works to develop the seclusion area. However, the use of low stimulus areas rather than seclusion has been the preferred choice of the clinical team.	
		To address a number of queries a meeting with RQIA was arranged for April 2020, however, this was postponed due to Covid.	AMBER
		Since the Inspection the number of beds in Iveagh has been reduced from 8 to 6, with regional agreement.	

2.	**Issue:** **MCA** June 2018- The Trust again raised issues [redacted] in respect of the need to apply to Court for declaratory judgements to place anyone without the capacity to give informed consent to the placement. The Trust was incurring significant costs including staff time to comply with the demands of court, and the fact that Royal College of Psychiatrists have advised their members to consider court reports as private work and to charge accordingly. [redacted] **Action/ Update:** June 2018 - Trusts requested a regional workshop with Legal Advisors to consider this issue. HSCB to give consideration. **Update January 2019** – no further update. This was discussed at the last Mental Health Improvement Board on 11th March 2019. [redacted] **Update June 2019** – Issue addressed through the Mental Health Capacity **Action/ Update March 2020:** **Implementation of MCA** and Use of Emergency provision using COVID legislation.	Most of the staff in Learning Disability have now undertaken MCA training up to level 4 across the service area. The service area has scoped the number of service users both within the hospital and community who require a DoLS. The service area have or are in process of putting in place legal safeguards for a number of these service users either through a DoLS or through the emergency Provisions as part of the COVID legislation.	
		A high number of community service users are not known to the Psychiatrist and therefore will require a medical assessment to be completed by a GP. Unfortunately to date they have not agreed to complete any medical forms in respect of our service users and therefore it is likely that we will be unable to out in place the necessary legal safeguards before Dec2020. In addition, as this is new legislation, there have been many challenges in implementing it and frequent legal advice has had to be sought on many occasions. As only phase 1 of the MCA has been implemented, the Declaratory Orders are also being considered for those patients subject to Physical intervention.	AMBER AMBER

		The service area continues to only have a small number of ASW staff working within the area and this continues to present challenges in terms of having this expertise in the service area. Attempts to recruit staff to be STDA and undertake the ASW training have been unsuccessful within the service area. With changes to the job description several years ago, which now requires new SW employees to undertake the training; it is likely that a number of staff within the service area will apply for the ASW course next year.	AMBER
3.	**Issue:** **Accommodation Needs** Noting the Trusts assessment of needs for supported housing placements for a range of people with complex needs, and in the context of no new developments in the Supporting People pipeline, what is the Trusts doing to plan for the accommodation needs of the individuals identified.	The Learning Disability Division has developed an Accommodation Plan for the period through until 2023. The plan has identified accommodation requirements at a population level and has included inpatients in Muckamore Abbey Hospital. The Service area is engaged with potential providers across all sectors in exploring potential options.	[illegible]

	Action: Development of services	A new specialist LD nursing care provider is opening in the Autumn of 2020 and assessments are underway for patients from both Muckamore, Community Services and for the facility to provide 2 respite beds. Some delays due to Covid-19 are anticipated as all in-reach work continues to be suspended. Supported Housing Schemes continue to be developed through Business Cases to Supporting People for capital expense only / revenue neutral. These will be for developments within the next 2-3 years. Any additional accommodation needs are being considered within a procurement framework as part of the Regional Learning Disability Operational Group with the HSCB and in partnership with BSO.	AMBER AMBER

		There is active planning for the discharge of patients from the hospital into appropriate and sustainable placements and a number of patients have already been placed successfully in the community from the hospital.	
		The service area has also developed a supported living scheme, Cherryhill. This facility will accommodate 9 patients from the hospital. 3 patients from MAH have been successfully resettled to Cherryhill. However, due to significant challenges in recruitment further resettlements have been delayed. More recently further moves have been paused due to Covid-19.	AMBER

4.	**Issue:** Difficulty in admitting patients to Muckamore Abbey Hospital **Action:** Admission Criteria developed. Bedflow manger to be appointed	The overall strategy for the Hospital is a reduction in the number of inpatients through resettlement and admission avoidance – this is necessary for the overall safety and sustainability of the site to be able to achieve an appropriate skill mix of patients to registered learning disability nursing staff. Therefore, admissions to MAH are being managed on a case by case basis. In the first instance alternatives to hospital are being exhausted following a meeting/ consultation with the referrer including community staff, providers etc. If a service user is detained for assessment under the Mental Health (N. Ireland) Order 1986 and has a mild to moderate LD then a bed is still being sought within general psychiatric wards, initially in Belfast and then across the province. If the service user has a severe Learning Disability and has been detained for assessment under the Mental Health (N. Ireland) Order 1986 then a Learning Disability bed is sought either within Muckamore Abbey Hospital (MAH) or in another Learning Disability facility in N. Ireland. There has also been agreement across the Region in relation to admission criteria for MAH.	

		The Trust also attempted to recruit a regional bed flow manager but there were no applicants. It is also hoped to develop a Community Intensive Treatment Team in a bid to provide an alternative to admissions through providing a wraparound community response.	AMBER AMBER
5.	**Issue:** Recruitment and retention of Social workers into the Team Leader role/ DAPO roles/ 8B service manager. **Action:** Recruit staff	There has been some difficulties recruiting SW into learning disability which may be related to recent negative media coverage. Ongoing attempts to recruit had been used through normal recruitment. A number of the Team Leader posts were temporarily recruited by existing staff within the service area but have now been permanently recruited. Other SW posts have been backfilled by agency staff and the majority of them are in the process of being recruited permanently. The service area continues to struggle to attract interest from outside the programme area and there are still a number of DAPO posts vacant but recruitment is underway. The 8B post is now a designated SW post and has been permanently recruited.	

6.	**Issue:** Strengthened workforce-planning structures and expertise to support a stable workforce, with sufficient capacity to meet service delivery demands across all service settings **Action**: Recruitment	The service area has continued to increase SW capacity by securing funding to recruit 4 additional DAPOs across the 4 community learning disability teams- One DAPO position is filled and the recruitment for the other 3 vacancies will take priority. It is anticipated that the post will be a band 7 senior practitioner role along with DAPO responsibility. The service area is pleased to report that a SSW for the hospital has now been permanently recruited and is due to take up in June. In addition, an 8B SW service manager with responsibility for ASG, hospital SW and the MDT community teams has also just recently been recruited and a start date agreed for 1.9.20.	
		The service area also hopes to recruit a PSW.	AMBER
		Securing the 8A Adult Safeguarding lead post last year has been extremely helpful to the service area especially given the ongoing complexities associated with adult safeguarding in the service area.	
7.	**Issue:** **Domiciliary Care** Trust advice there are 27 Domiciliary care packages outstanding which is noted on risk register.	The service areas waiting list has reduced to 12. The service area has promoted SDS and continues to access the Care Bureau.	AMBER

	How is the Trust trying to address this? **Action** June 2019 – Trust advised this is an ongoing concern which they continue to review. They explained that these were in relation to smaller packages which proved more challenging to provide.		
	Safeguarding Issues in Learning Disability Hospital		
	Issue: RQIA Safeguarding Improvement Notice **Action:** Significant work action plan developed and implemented to address the improvement notice	See section 2.5 for details. The service area is pleased to report that all improvement notices, including the Safeguarding notice, have been lifted in Muckamore Abbey Hospital	

	CHILDRENS SERVICES		
2.6	**Summary of areas where the Trust has not adequately discharged their Delegated Statutory Functions for this Programme of Care.**	**Please outline remedial action taken to address this situation and any proposed future action.**	**RAG Rating**

	Action: • Written update on improvement plan required • To be discussed further at Regional CAMHS meeting **Update at DSF Planning Meeting 17.06.21** HSCB satisfied with actions taken by the Trust in ensuring compliance RAG Rating remains Green		
2.6	**Issue/Action Agreed at DSF meeting in October 2020**	**Progress Update at 31st March**	**RAG Rating**
	Learning Disability		
1.	**Issue: Domiciliary Care waiting list** **Update at DSF meeting – 5.10.20** Trust confirmed there are issues around complex cases and geographical location. They have 20 on the waiting list as of DSF meeting date, mostly around small packages (shopping / showering etc). Continue to use SDS. Similar issues as in OPPC. **Action**: • To be reviewed alongside the Domiciliary Care issues outlined in OPPC **Update at DSF Planning Meeting 17.06.21** Trust have not yet confirmed updated figures. They are also to update on project looking at increasing flexibility/capacity. No updated information available from Trust at pre-planning meeting. Will require further follow up with the Trust and to	**Update:** There are currently 12 cases on the waiting list (08.04.21 update). The Learning Disability Service is represented on a project group to implement time bands for care packages in order to provide more flexibility in the system and to increase package availability. It is hoped that this will go live on 10.05.21.	

	be carried forward to 2021/22 RAG Rating to remain Amber		
2.	**Issue: Potential failure to provide people deprived of their liberty with adequate legal safeguards.** **Update at DSF meeting – 5.10.20** Trust have carried out scoping exercise. They have 647 community DOLs to be completed. There are a number outstanding within Muckamore and these will be completed by the end of November. There remains a challenge in securing medical reports from GPs as recognised regionally. Trust LD service currently has 100 emergency orders in place which will all require a DOLS review. There is a significant resource implication associated with this. LD service is also experiencing a challenge in getting appropriate numbers of ASWs in the service. **Action**: • To be kept under review during 2020/2021	**Update:** MCA training has been completed across the service area. A service area steering group has been established and a data base to monitor progress. This is a complex area of work within Learning Disability and is more time consuming given the nature of our service users, many of whom have communication difficulties and behaviours, which challenge. This has been further exacerbated by COVID as there are difficulties communicating using PPE and virtual means. A MCA action plan was devised. There were no additional resources available although we were able to temporarily fund an 8a MCA lead (which we were unable to backfill), release one practitioner from each community team to solely undertake MCA work (again difficulty backfilling fro the agency) offer overtime and invite retirees to return to assist is in the process. It is anticipated that a further Social Worker will join this team in July 2021 for 2 days per week.	

		In addition, as this is new legislation, there have been many challenges in implementing it and frequent legal advice has had to be sought on many occasions. To date there have been no service users in receipt of a trust panel authorisation where the Trust has felt that a declaratory order is necessary. This will remain under review. The MCA Central team have commissioned a number of medical staff to complete sessional work carrying out Form 6 assessments, which has assisted with the process. The service area has also been able to avail of a STDA from the central area to assist with MCA work. To date the service area has carried out 179 assessments- 103 Trust Panel applications; 40 service users were deemed to have capacity; and 36 are awaiting a panel hearing. All patients in Muckamore who are not detained under the MHO and who are deemed to lack capacity regarding those aspects of their care arrangements amounting to DOLS have a Trust Panel Authorisation in place.	

	Update at DSF Planning Meeting 17.06.21 Trust have an action plan in place which indicates compliance in Legacy and Review cases by December 2021. HSCB are not confident in Trusts ability to meet the anticipated deadline of December. RAG Rating remains Amber	The first Trust Panel Authorisations are now at renewal point and this is putting further pressure on teams to meet this legal requirement. Of the authorisations in place the Attorney General has referred 23 to the Review Tribunal. The required Rule 6 report is also creating additional workload for the teams as there is usually a 10 day turn around required for these. Given the increased workload, lack of additional resource and ongoing challenges associated with the fluidity of this new legislation and emerging case law the service area is unlikely to meet the target of completing all DOLS by end of May and reviewing them by end of November. A proposal has been put forward for additional funding and the action plan is continuously reviewed. This risk has also been placed on the risk register. The service area continues to only have a small number of ASW staff working within the area and this continues to present challenges in terms of having this expertise in the service area. Attempts to encourage staff to undertake the ASW training have been unsuccessful within the service area.	
4.	**Issue: Accommodation needs for those being discharged from Muckamore Abbey Hospital**		

	Update at DSF meeting – 5.10.20 Trust confirmed there are 4 PTL patients currently. A pivotal staff member has been on sick leave and is now leaving the service. This has had a significant impact and is a central factor in the delays. Recruitment for this vacancy is now underway. They confirmed 13 delayed discharges - 5 planned, 8 unplanned. A number of service users have been moved to Bradley Court. Trust have had Initial discussions with RQIA to consider a residential living scheme around the Muckamore area, though this is in its very early discussion stage. **Action:** To be kept under review during 2020/2021 and update provided to HSCB	**Update:** There has been active planning for the discharge of patients from the hospital into appropriate and sustainable placements and a number of patients have already been placed successfully in the community from the hospital. Since April 2020- March 2021 there have been 6 successful discharges and 3 patients are currently on trial leave. Three BHSCT patients have been discharged- two patients were discharged to specialist nursing and one to the community with family. In relation to the 16 current BHSCT patients- • 3 have a definite plan to be settled in the community • 1 is being considered for Mallusk. • 1 is being considered for an onsite proposal • A business case is currently being developed for 6 patients • 3 patients are being for forensic business case • 2 patients are on trial leave In relation to the remaining 20 NHSCT patients- • 7 have a definite plan • 9 have no plans • 1 is being considered for onsite proposal • 1 patient is being considered for Cherryhill • 1 patient is being considered for forensic	

		business case • 1 patient is also on trial leave In relation to the 8 SEHSCT patients on site- • 1 has a definite plan • 2 have no definite plan • 1 is currently on home leave with discharge imminent • 2 patients are being considered for forensic business case • 1 patient being considered for on site proposal • 1 being considered for Mallusk. There is one remaining WHSCT patient who is on Article 15 leave since March 2021. There is also one SHSCT patient who has a placement identified but does not wish to leave the hospital. It is hoped that Mallusk will be opening in the Summer of 2021 and it will provide a placement for 7 hospital patients. Within the Trust the Planning Officer post was vacant for some time and this delayed progress in relation to the development of business cases. This post has now been filled and the progression of business cases is being taken forward. There also continues to be a lack of community placements for patients with complex needs.	

		A number of families have also requested that CCTV is in place within community facilities before their loved one is discharged. An accommodation workshop was held and the Learning Disability Division are updating the Accommodation Plan for the period through until 2025. The plan will further identify accommodation requirements at a population level and has included inpatients in Muckamore Abbey Hospital. The Service area is engaged with potential providers across all sectors in exploring potential options. Supported Housing Schemes continue to be developed through Business Cases to Supporting People for capital expense only / revenue neutral. These will be for developments within the next 2-3 years. Any additional accommodation needs are being considered within a procurement framework as part of the Regional Learning Disability Operational Group with the HSCB and in partnership with BSO. The business case for five Lanthorne (Cedar) Supported Living Development for Community service users is being progressed. The business case for an extension of a forensic scheme is being progressed for four MAH patients and there are plans to have an additional two to eight placements (dependent on the site) for community service users.	

	Update at DSF Planning Meeting 17.06.21 HSCB are concerned as the Trust have not provided sufficient detail or no detail on issues raised. No updated information available from Trust at pre-planning meeting. Will require further follow up with the Trust and to be carried forward to 2021/22 RAG Rating remains Amber	Following a failed community placement the BHSCT in January 2020 agreed to seek a bespoke assessment for an inpatient in Muckamore and commence a single action procurement regionally and nationally to seek a provider who could meet his needs. The single action procurement process was commenced in December 2021. If successful, it is envisaged that this methodology will also be applied to other individuals with high levels of support needs.	
5.	**Issue: Recruitment of SW staff to strengthen the workforce** **Update at DSF meeting 05.10.20** As outlined in other programmes, workforce issues continue to be a significant challenge. This is further exacerbated with Covid and likely to impact on services for the remainder of the year. There is a regional issue with workforce and a local one. The Trust continues to progress their workforce planning and undertake recruitment exercises. **Action:** • To keep the workforce pressures under review • Await outcome of DoH Workforce Review	**Update:** An 8B SW service manager with responsibility for ASG, hospital SW and the MDT community teams has been appointed and commenced employment on1.9.20. 8A Principal Social Work post has now been agreed and is currently being processed for recruitment. Securing the 8A Adult Safeguarding lead post last year was extremely helpful to the service area especially given the ongoing complexities associated with adult safeguarding in the service area. Unfortunately, this person left post in September which has placed significant pressure on	

		the service area, The newly appointed ASG Lead is due to take up post on the 1.6.21. The SSW Band 7 post in MAH which was vacant since July 2019 was also successfully recruited in June 2020 There has been some difficulties recruiting SW into B7 team leader posts. A number of the Team Leader posts were temporarily recruited by existing staff within the service area. Two Band 7 Team leader posts which were vacant were successfully recruited. One permanently took up post in July 2020 and the other is covering the post temporarily. One team leader retired and this post is also backfilled temporarily. It has now been agreed , give the pressures experienced in relation to Adult safeguarding that these new team leaders will be recruited from a SW background. Due to issues raised by Staff Side the Team leader job description is currently being desk topped. Three Senior Practitioners Band 7 have been recently appointed with DAPO responsibilities (Temporary). Two of these staff have only recently been trained as DAPOs. The third Senior Practitioner post (temporary) has only recently been appointed and is yet to be trained as a DAPO and take up post. These Senior Practitioner posts are currently being progressed through HPRTS to be recruited permanently.	

	Update at DSF Planning Meeting 17.06.21 HSCB acknowledge the Trust are continuing to make progress, and are satisfied that these are appropriate actions and do not require this to be carried forward to 2021/22 RAG Rating reduced to Green	Additional funding had been secured through IPTs to permanently recruit an additional Senior Practitioner Band 7 with DAPO responsibilities and 2 SW Band 6 with IO responsibilities. These posts are currently being progressed through HRPTS to be recruited permanently. Given the current risks associated with the delivery of Adult safeguarding across the service area a proposal to proceed at risk with expanding the ASG workforce is currently being considered. The DoH Regional Workforce Review in relation to social work across all programmes of care including Learning Disability is ongoing. Discussions have commenced within the Belfast Trust regarding a regional approach to recruitment of Social Workers. While the premise for regional recruitment has some benefits, there are concerns in relation to the standards applied to job descriptions/ interviews particularly around specialist areas/posts.	

2.6	Issue/Action Agreed at DSF meeting in October 2020	Progress Update at 31st March (as per update meeting on 8 March 2021)	RAG
Older People's Service			
Issue: Adult Safeguarding - Decrease in the number of Joint Protocol cases			

reduce delays. Trust report this has been a positive development. HSCB note potential learning across Trusts. Out of Trust admissions. There is a delay in accessing Consultants for admissions. Some Trusts have introduced a further layer to admissions (to contact an ASM in order to get in contact with a Consultant). On call manager at 5pm. Trust have arrangements in place, HSCB are satisfied and do not require any further actions carried forward.					

Issue	Action Required	By When	Owner	Progress Update	RAG Status
Learning Disability Issues					
12. Issue: Domiciliary Waiting List There are 12 service users on the waiting list for domiciliary care within Learning disability. This presents a potential risk to service users as the Trust is unable to meet their assessed needs in a timely way. This can also impact on	**Actions:** • Trust to provide an action plan outlining the mitigating measures put in place, to include role of care manager in monitoring unmet need	31/08/21	H406 Service Manager	**Update 29.10.21-** • There are currently 11 service users awaiting packages. • The project group introduced time bands which increased flexibility for Providers and enabled them to offer more	

carer stress levels **Discussion at DSF meeting 25.6.21** Currently 15 people on the waiting list. Trust have introduced time bands for care packages and are encouraging uptake of SDS. Cases are kept under review by Care Manager regularly. Needs are re-assessed as part of monitoring process.				packages. The time band is for example, 7am – 8.59am or 9am – 10.59am and if a Provider can offer a call in that time band, for example 7.45am, the call can then be delivered anywhere between 7.15am and 8.15am. • Unmet needs audit is carried out on a monthly basis to ensure that all packages on the Care Bureau Circulation list are still required. • Care Managers check with key workers that packages are still required. • Key workers maintain contact with service users and carers to determine how well they are managing in the absence of a	

				package. Frequency of contact is determined individually but is at least monthly • Key workers offer supports to families, for example, SDS/ Direct Payments, carer assessments etc. • Key workers inform Care Managers when circumstances deteriorate and package needs to be escalated. • Care Managers participate in escalation calls twice weekly to try to prioritise urgent cases. This is sometimes successful, but it is dependent on how many packages are required for hospital discharges and palliative care, which are always	

				prioritised. • Even if packages reach the escalation list, there still continues to be difficulties securing packages, particularly in East Belfast where several providers are in contingency and only able to provide packages to existing urgent calls. **Up-date at DSF meeting 09.12.21:** Trust confirmed considerable work undertaken by project group, flexibility re time band had some positive impact. Currently 11 service users requiring dom packages. Trust continues to work with families to explore direct payments, offer carer's assessments, carer grants, short breaks and explore community and voluntary options as appropriate. Trust to continue to monitor issue. Service users reviewed at	

				least monthly. Rag rating agreed to remain amber. **Update at DSF Meeting 04/03/22:** H425 updated that the Trust continue to work with service providers, families, C&V groups in an attempt to resolve this issue. Given the impact of the COVID pandemic, reduction in short breaks and Day Centre attendance, demand for domiciliary care appears to be outstripping supply. However, despite remaining solution focused the situation has exacerbated. Currently 21 service users with a Learning Disability require a domiciliary care package. Service users continue to be reviewed monthly and unmet need continues to be flagged through appropriate channels. H425 noted that currently there were severe staffing issues in Community Learning Disability Teams. This issue is on the Trust Risk Register, 4 Team Leaders and 8A	

				staff have left. In MAH two Social Workers also due to retire. Impact on ability to maintain service noted, business continuity plans require consideration. On a positive note a Service Manager has been in post this past three weeks and Team Leader posts have been filled via expression of interest, due to commence post April 2022. It was agreed given the significant increase in service users requiring a domiciliary care package and the staffing issues raised the action is to be rated red and carried forward into the next reporting period. Trust to provide HSCB with regular update on staffing and domiciliary care service provision via LDAD Forum.	
13. Issue: Potential failure to provide people deprived of their liberty with adequate legal safeguards Compliance date set at December 2021. **Discussion at DSF meeting 25.6.21**	**Actions:** • Trust to provide monthly update on compliance at each interface meeting with HSCB	Monthly updates	Steph Kerr (Trust MCA Lead)	Updates provided through Mary O'Brien in MH via the interface meetings with HSCB. **Up-date at DSF meeting 09.12.21** HSCB contacted Trust	

Trust have reviewed case loads and met with MCA panel in terms of thresholds for DoLs. Central MCA team in BT has appointed 10 additional SP to assist other teams with legacy work. LD has provided a list of legacy cases to the central team.				yesterday to confirm level of MCA funding available. Trust had requested additional funding and consider available funding will impact on activity levels from 1st April 22. Lorna Conn noted HSCB could move to funding allocation re original funding figures pending response at Senior Level in Trust. Trust to provide response to HSCB. Rag rating agreed to remain as amber.	
14. Issue: Accommodation needs for those being discharged from Muckamore Abbey Hospital • Trust to provide Resettlement Plan **Discussion at DSF meeting 25.6.21** Trust confirm they have a resettlement plan in place for 15 service user, there is 1 service user without a plan. Monthly meetings with the HSCB where updates are given. The Trust currently do not have a timeframe for the 1 service	Actions: • Trust to submit Resettlement Plan to HSCB for 15 service user	31/07/21	H406 Service Manager	**Update 31.10.21** A summary document setting out the resettlement options for the BHSCT patients in Muckamore Abbey Hospital is enclosed with the updated position as of 31.10.21. **Update at DSF meeting 09.12.21:** Resettlement Summary document submitted to HSCB prior to meeting. Discussion re specific arrangements for patients. BT patient discharged on trial	

user without a plan.				leave/resettlement on 08.11.21 as planned. 1 patient currently without a plan, Trust to progress discharge plan. Discharges anticipated within coming months. Significant number of discharges dependent on business cases e.g. forensic, on-site, Minnowburn which to date have been slow to progress. It was noted that a number of patients have discharged on trial resettlement/article 15, with the potential for beds to be required in the event of resettlement breaking down. DOJ recently requested patient to return to MAH. Consideration required re enhanced working with DoJ, DoH & Trust to support resettlement. Rating therefore agreed as amber. **Update at DSF Meeting 04/03/22:** H425 updated that currently 16 BHSCT service users, 14 inpatient in MAH and two on trial leave. H425 noted	

				two of these 14 individuals were admitted recently and require a confirmed plan. H425 noted recent difficulties re service user being returned to hospital via DOJ. Caroline McGonigle noted regular updates are provided at CIP and RLDODG meetings but progress is required re discharges, particularly given the ongoing pressure for beds. H425 noted ongoing pressure re beds and particular difficulty/ risk this places on Community Learning Disability Teams, issues noted in Early alert. H425 keen to be involved in Workshop planned April to look at regional admissions criteria to support bed flow. It was agreed given the issues noted this action should be red and carried forward into the next reporting period.	
	• Trust to confirm plan for remaining service user	30/09/21	H406 Service	**Update 11.10.21-** There is currently no confirmed plan identified.	

			Manager	However the Trust are exploring a possible option with Praxis in South Belfast. **Update at DSF meeting 09.12.21**: Praxis not considered a suitable resettlement option so this service user currently still has no discharge plan. Trust to progress discharge plan. Trust held accommodation workshop this week in attempt to attract potential service providers to support the resettlement agenda as a whole. As still no plan in place for this patient, rating therefore agreed as red. Lorna Conn confirmed this issue to be escalated to Brendan Whittle, HSCB SCCD Director. **Update at DSF meeting 04/03/22:** Caroline McGonigle noted the last CIP report for BHSCT indicated there was no plan for 1 individual. Rhoda McBride noted that she did not have an update on individual service users but given the difficulties	

				discussed re service provision it was agreed this action should remain red and carry through into next reporting period.	
	• Trust to provide a timeline for offsite business cases	31/07/21	H627 Co Director	A summary document setting out the resettlement options for the BHSCT patients in Muckamore Abbey Hospital is enclosed, which includes timeframes in respect of business cases. **Update 31.10.21** • In relation to the Off site business cases • Lanthorne – was presented & passed at the September Strategic Advisory Board, with reprovision for 5 people. The work is likely to start January 2022 • Minnowburn – Capital Redevelopment advised the site is now "live" for other public organisations	

				to express interest (i.e. NIHE). Capital business case presented at September SAB & agreed in principle, however NIHE do have concerns re: value for money / costs (5 tenants) • Forensic – no site identified as yet. MDT in MAH have expressed concerns that the model that passed in 2019 is no longer suitable for the identified tenants – further update are being sought. • The Cairns – capital redevelopment have been approached for an update on the valuation of this site before we could propose further LD accommodation. This would then need to go through	

				the same process as Minnowburn. **Up-date at DSF meeting 09.12.21:** Trust confirmed Lanthorne relates to community provision rather than resettlement from MAH. Minnowburn- Site currently going through public disposal process. Trust has submitted all relevant paperwork and awaiting an outcome re same. If site secured BHSCT will have to staff service. Building work (new build) required, initial indications re completion date 2023. Forensic: Triangle agreed housing provider. Number of potential sites recently identified but consideration required re their suitability e.g. proximity to schools/ urban area. Cairns ruled out as not suitable. Lorna Conn HSCB noted that lack of progress re business cases would be escalated to HSCB SCCD Director Brendan Whittle. Rag rating agreed to remain	

				red. **Update at DSF Meeting 04/03/22:** H425 noted in terms of business cases ongoing work is required. Minnowburn Site currently going through land disposal process. Capital and revenue funding require consideration and will go through relevant processes. Further work required in respect of the Forensic Business Case. Trust to continue to update HSCB re CIP and RLDODG meetings. It was agreed that this action will remain red and be carried through into the next reporting period.	
	• Trust to provide timeline for submission of onsite proposal	31/08/21	H627 Co-Director	**Update 29.10.21** • There are 2 resettlement options • a. New rebuild at a cost of £3.8m or b.Refurbishment at a cost of £1.5m • Refurbuishment would either be at the old football pitch or at the back	

				of the site which would entail some demolition. • A feasibility study is needed and capital development indicated this would take 3 months to complete albeit could not confirm when the completion timeline was for this and indicated this would be confirmed at the next meeting. • There is an understanding that the number of people that would be accommodated would up to a maximum of 5. • SET are in discussions re another potential person but this has not been agreed and therefore this would impact on the building brief.	

				Update at DSF meeting 09.12.21: Feasibility Study currently being underway by Capital Development, to be completed Jan 22. Trust confirmed it is important for environment to be positive for patients. If new build needed planning permission may have lapsed. Lorna Conn HSCB advised the lack of progress required escalation to HSCB SCCD Director Brendan Whittle. Rag rating agreed to remain as red. **Update at DSF meeting 04/03/22:** H425 updated meetings continue to be chaired by the MHID Director. Caroline McGonigle noted the Feasibility Study has been delayed, now due for completion early March. Numbers for the scheme are being finalised. It was agreed this action remains red due to the delays in process and is to be carried forward into the next reporting period.	

15. Issue: MAH admissions The Service Area continues to struggle to make admission beds available as required most significantly including detained admissions. There have been no admissions in the last financial year. **Discussion at DSF meeting 25.6.21** HSCB notes a rise in the numbers of people with LD being admitted to MH wards. Trust to cross reference across MH/LD and across Trusts.	**Actions:** HSCB require the Trust to provide a plan outlining the following: • Provide detail regarding the numbers of requests for admission • Outline their process for admission for HSCB consideration (Regionally) • Trust to identify the number of discharges over the previous 6 month period • Trust to provide projections of number of discharges over next 6 month period • Trust to confirm when they will be receiving admissions	31/07/21	H300 service manager	• Information on the number of requests for admission made to Muckamore Abbey Hospital in the period 1 April 2020 to 31 May 2021 has been provided. In summary, there were 8 requests made by WHSCT, NHSCT and SEHSCT. No requests were made by BHSCT community teams. **Update as of 31.10.21** • There have been no requests from other Trusts over the past 6 months. There have been 2 BHSCT admissions to MAH- 1 in Sept and 1 in Oct • The Trust would recommend the regional implementation of Care and Treatment Reviews and a Blue Light Protocol which has been implemented by	

				NHS England as a key part of its approach to early intervention and reducing inappropriate admissions. Two documents from NHS England are enclosed. • In the last six months there were 3 discharges from Muckamore Abbey Hospital. **Update 31.10.21** • In the last 6 months there have been 3 full discharges – 2 from BHSCT and 1 from NHSCT. • Resettlement plans across Trusts would indicate the potential for 4 discharges to be achieved in the next six months. **Update 31.10.21** • There is a potential for 5 discharges to be achieved within the next 6 months– 1 BHSCT. 4 NHSCT.	

				• HSCB colleagues are aware of the proposal to open 3 assessment and treatment beds for learning disability services in NHSCT. The proposal put forward by BHSCT to reopen a small number of assessment and treatment beds in Muckamore Abbey Hospital remains paused due to ongoing staffing challenges and slippage in some resettlement dates. **Up-date DSF meeting 09.12.21**: Trust confirmed until a number of patients are resettled, given current staffing issues MAH cannot accept admissions. Impact on region noted given MAH is the regional facility, particular impact on individuals requiring a forensic inpatient bed. Trust monitor requests for admission. Lorna Conn requested this must continue. Consideration required re regional	

				admissions criteria and associated pathways, work commenced in recent T&F group led by HSCB. Trust to forward to HSCB the internal processes to manage admissions. Trust submitted two documents referenced above re implementation of Care and Treatment Reviews and a Blue Light Protocol to HSCB. Trust to continue to monitor requests for admissions. Rag rating agreed to remain amber. **Update at DSF meeting 04/03/22:** H425 updated since the last meeting there had been two BHSCT admissions to MAH. Caroline enquired how many requests for admissions had been made to MAH. H425 agreed to submit this information to HSCB. The importance of this data was noted in terms of determining service demand. In terms of discharges H425 updated since the DSF meeting in December 2021 there has	

				been 2 full discharges (1 NHSCT and I recent SEHSCT discharge). Currently 2 BHSCT on trial/article 15 leave and 2 NHSCT recently commenced transition/trial leave). Although there has been some discharges progressed, given the ongoing issues noted re accessing beds and facilitating discharges, it was agreed that the action should be rag rated as red and carried forward into the next reporting period.	
16. Issue: Safeguarding concerns regarding Shannon/Trench Park and Annadale RQIA report Dec 2020, outlines concerns relating to lack of safeguarding training/staff knowledge of safeguarding/referral process HSCB require the Trust to provide action plan to address recommendations from the RQIA report	Actions: • Report on addressing concerns regarding recording of restrictive practices in Trenchpark and Annadale	31/07/21	Aisling Curran, Service Manager	Action plans in respect of the RQIA Inspections of Trench Park and Annadale are enclosed. **Update 31.10.21** • In relation to Annadale as follows- • All staff have received adult safeguarding training and Mapa training • Any restraint used	

Discussion at DSF meeting 25.6.21 Trenchpark/Annadale – Concerns regarding recording of restrictive practices. Shannon – a number of concerns in relation to safeguarding				is clearly recorded on Datix. • There has been work undertaken with the Behaviour Support Team and Psychology Department in relation to the PBS plan and care plans • Staff have received training which is regularly reviewed and updated to ensure everyone is aware of how to best support the service user to minimise the need for restraint. • There are however ongoing challenges due to staffing predominantly within the core team at Annadale, in terms of sickness , recruiting new staff and lack of band 5 cover, leaving some shifts short. This has also had an impact on	

				facilitating training. • There has been successful recruitment in relation to band 3 staff and currently the service area is shortlisting for the B5 posts. • There was a recent inspection on the 14/10/21 and the inspector was satisfied all actions from last QIP had been completed except the staffing levels as outlined above. • Update in relation to Trench as follows- • In relation to issues identified in RQIA inspection in 2020 relating to safeguarding and DOLS have been addressed and accepted by RQIA	

BHSCT DSF ACTION Plan 2021/22 - YEAR END UPDATE MARCH 2022

	• Trust to complete action plan on recommendations from RQIA report regarding Shannon	01/07/21		**Up-date at DSF meeting on 09.12.21** HSCB confirmed up-dates noted in Action Plan had not been received by HSCB. Trust advised these had been forwarded from Carol Diffin to Brendan Whittle. Trust forwarded Trench Park Action Plan, & Annadale Action Plan to HSCB on 09.12.21. Moving forward it was agreed Trust to forward information regarding MH Services to Martina McCafferty HSCB. Information relating to LD Services to be sent to Caroline McGonigle, HSCB. Up-date provided re Shannon. Work conducted in MAH rolled out in MH. Considering deep dive into community teams and roll out to Beechcroft in New Year. Strengthening of systems, role clarity and audit noted. Trust to consider opportunity to scale up and spread. Action plans re Shannon to be forwarded to HSCB.	

17. Issue: Learning Disability Adult Safeguarding Workforce Pressures Trust outlines a range of issues regarding low numbers of DAPOs/ I/Os; diversion of ASG resource to MAH with corresponding gaps in community; business support and admin vacancies exacerbating pressures on staff; staff under pressure with demand outstripping ASG capacity. Trust to provide HSCB with assurances that its Adult Safeguarding service is working effectively and that investigations and related work are undertaken in a timely manner? Trust to provide an outline of the Governance Assurance process. **Discussion at DSF meeting 25.6.21** HSCB outlined concerns as outlined above. Trust have undertaken a review of the numbers of DAPO's in place and are finalising a paper to request additional resource into LD. Divisional SW also requires additional support to undertake role.	**Actions:** • Trust to undertake an internal review of the effectiveness of safeguarding services and report back to HSCB	30/09/21	H538 ASG Lead	**Update 31.10.21** • During July the DOH completed an audit into ASG in MAH and this was followed by an RQIA inspection into MAH in July/August. • Unfortunately the completion of this audit has been delayed due to staff having to focus on these other two processes and also due to challenges with staffing levels. As we are also still awaiting the completion of the RQIA inspection report the EDSW, Carol Diffin has requested an extension until the end of November for the Trust to complete this. This will also allow us to take account of the findings of the	

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BHSCT DSF ACTION Plan 2021/22 - YEAR END UPDATE MARCH 2022

				other two pieces of work that have been carried out by DOH and RQIA. **Up-date at DSF meeting 09.12.21:** Trust to forward audit findings to HSCB. IPT for LD Principal Practitioner to provide professional support to Divisional Social Worker. **Update at DSF meeting 04/03/22:** Caroline McGonigle thanked H425 H425 for forwarding the Action Plan to HSCB. H425 updated that given the inquiry, thresholds for safeguarding in MAH meant all staff incidents reported in respect of service users were considered under safeguarding. CCTV footage is viewed in any safeguardinginvestigation ensuring a robust though slower process. H425 stated she had devised a series of Escalation Forms and Aide Memoirs to assist in respect of safeguarding. Ciara Rooney facilitating bespoke training. As noted	

				in Action Plan ongoing work required. H425 and newly appointed Service Manager Colette Johnson intend to revisit Action Plan and ensure it takes cognisance of audit findings and any other recommendations. Rhoda to send updated action plan to Caroline McGonigle in HSCB.	
18. Issue: Iveagh delayed discharges **Discussion at DSF meeting 25.6.21** Operational policy requires review during 2021/22	**Actions:** • Review and amend Operational Procedures to prevent future delayed discharges	30/09/21	H189 ASM Iveagh	**Update 11.10.21-** The Operational policy for Iveagh was updated in July 2021- please see attached. **Up-date at DSF meeting 09.12.21** MHLD HSCB Programme Representatives agreed to share Iveagh Operational Policy with HSCB Children's Services Colleagues for review.	

Older People & Adults Issues					
Issue	**Action Required**	**By when**	**Owner**	**Progress Report**	**RAG status**
19. Issue: Domiciliary Care Provision – Unmet need	**Actions:** • Trust to share the review		Natalie	**Discussion at DSF meeting 6.10.21** Level of unmet need	

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MAHI - STM - 184 - 779

To be used for the submission of issues to Chief Executive/SMT

FROM: Corporate Services

DATE: 19 October 2021

TO: HSCB SMT

ISSUE:	HSC Complaints Report January - March 2021
TIMING:	Routine
PRESENTATIONAL ISSUES	N/A
FOI IMPLICATIONS	N/A
FINANCIAL IMPLICATIONS	None
LEGISLATION/POLICY IMPLICATIONS	Legislative/Policy requirement for quarterly report to SMT
EQUALITY/HUMAN RIGHTS/RURAL NEEDS IMPLICATIONS	None
RECOMMENDATION:	To note the attached HSC Complaints Report January - March 2021 and to be considered by GAC at next meeting.

Submission may include the following areas as a guide.

Introduction/Background

HSC complaints activity January - March 2021; providing examples of complaints, trends and themes which have been highlighted at the Regional Complaints Sub-Group and discussed at the Quality Safety and Experience Group. The Report also details actions that have been taken or recommended.

Issue HSC Complaints Reports January - March 2021

Considerations N/A

Options N/A

Risks N/A

Recommendation (Should be a direct lift from first page)

To note the attached HSC Complaints Report January - March 2021 and to be considered by GAC at next meeting.

Name of Director – Lisa McWilliams, Strategic Director of Performance Management and Corporate Services

Ext no. 363265

Copied to: N/A

**(Any additional material referenced should be included as Appendices eg letters
Draft responses, papers)**

Thematic Review – Palliative Care

Mealtimes Matter – Poster

QUARTER 4 COMPLAINTS REPORT JANUARY - MARCH 2021

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1.0 Summary Position

The findings of Sir Robert Francis', Mid Staffordshire Inquiry levied criticism at the level of complaints information considered by Management Boards of health organisations. Therefore rather than receive statistical information only, the HSCB quarterly reports are formatted to provide narrative examples of HSC Trust and FPS complaints where learning, concerns, patterns or trends have been identified. These are contained within **Annex 1** of this report. This paper will also be considered at Governance and Audit Committee.

This report provides detail of complaints activity across the HSC for the period January – March 2021 to include, identification of learning, trends and themes which have been considered at the Regional Complaints Sub-Group (RCSG) meetings within the reporting period. The report also highlights how complaints information acquired through the monitoring process informs key areas of ongoing work.

1.1 **Of significance**, the number of complaints received and closed by HSC Trusts during this period has increased in comparison to the previous quarter. It is noted that HSC Trusts closed 955 in Q4 compared to 812 complaints in Q3 20/21which had been impacted by staff sickness and redeployment of staff to deal with the COVID-19 response.

1.2 In respect of the HSCB, seven complaints were received during this period compared to four in the previous quarter (Q3 20/21).

1.3 Local resolution returns from Family Practitioner Services have seen an increase on the previous quarter; 31 returns compared to 26 during the previous quarter (Q3 20/21); and 25 requests for the HSCB to act as Honest Broker compared to 21 in the previous quarter (Q3 20/21).

2.0 Summary of HSCB Complaints Monitoring Process

2.1 <u>HSC Trusts</u>

The HSCB receives an anonymised summary of each issue of complaint, along with an outline of the response issued in respect of closed complaints

from each HSC Trust. This information is received two months retrospectively. HSCB continues to work with HSC Trusts in relation to the quality of the information provided within the summary reports and to ensure that this maintained.

2.2 Family Practitioner Services (FPS)

In respect of Family Practitioner Services, the HSCB receives an anonymised copy of each written complaint together with the response issued by the Practice/pharmacy within three working days of the response being issued.

2.3 Monitoring Mechanism

Complaints staff share information with relevant professionals within the HSCB/PHA who provide input into the Regional Complaints Sub-Group (RCSG). These professionals determine whether any further information or clarification is required from the HSC Trust and confirm whether they are content with the actions that have been taken. They also consider whether there is any regional learning and/or make recommendation(s) to the Quality Safety and Experience Group (QSE) on suggested courses of action as a result of an individual complaint or pattern/trend. The QSE Group is currently under review.

In addition, these staff also feed relevant information from complaints into existing professional/commissioning and regional groups of which they are members.

The sharing of complaints information to regional groups in this manner has in recent years informed the development of the Regional Dementia Strategy; the ongoing development of the Advance Care Planning Policy; the Falls Strategy and as a result of a continuing pattern of complaints regarding the discharge arrangements for, in particular, vulnerable patients, a review of complaints of this nature is ongoing with a view to informing the Regional Discharge Group in the development of a Safe Discharge policy. Similarly, a review of complaints was undertaken in relation to 'Mealtimes Matters', an always event, to help inform improvement work in this regard. Unfortunately, this piece of work has been temporarily paused due to staff availability/redeployment.

3.0 Complaints Activity – January - March 2021

3.1 HSC Trust Complaints

The number of complaints received and closed by HSC Trusts during this period has increased in comparison to the previous quarter. It is noted that HSC Trusts closed 955 in Q4 compared to 812 complaints in Q3 20/21which had been impacted by staff sickness and redeployment of staff to deal with the COVID-19 response. Each of the HSC Trusts provides the HSCB with information in respect of closed complaints.

HSC Trust Complaints by Subject – January – March (Q4 20/21)

The top ten issues of complaint received by HSC Trusts are outlined in the table below.

Top Ten Issues of Complaint Received by HSC Trusts Between 1 January 2021 – 31 March 2021

Subject	BHSCT	NHSCT	SET	SHSCT	WHSCT	NIAS	Total
Communication/Information	118	16	78	67	24	1	**304**
Quality of Treatment & Care	67	16	114	46	48	10	**301**
Staff Attitude/Behaviour	60	9	53	49	23	7	**201**
Waiting List, Delay/Cancellation Outpatient Appointments	46	2	14	9	4	0	**75**
Clinical Diagnosis	18	8	13	15	12	0	**66**
Quantity of Treatment &Care	32	3	0	10	5	0	**50**
Patient Expenses /Finances	14	2	5	5	0	0	**26**
Planned Assessment of Need	0	2	0	24	0	0	**26**
Waiting List, Delay/Cancellation Planned Admission to Hospital	23	0	0	0	2	0	**25**
Infection control	13	4	0	0	6	0	**23**
Total	**391**	**62**	**277**	**225**	**124**	**18**	**1097**

There continues to be a trend of a significant number of complaints regarding staff attitude and communication/information. As previously advised, HSC Trusts have adapted virtual zoom training sessions to target specific problem areas in this regard and have noted improvements in those areas following these sessions. In addition Trusts have considered one to one reviews; issued learning letters and memos and held learning days. However, due to

COVID restrictions the learning days had been put on hold. Communication replaces Treatment and Care as the top subject of complaint.

The HSCB will keep this position under review via the monitoring meetings with HSC Trusts.

For the period January – March 2021 (Q4 20/21) the complaints reviewed by professionals, broken down by area of concern, across the six HSC Trusts are:

Closed Complaints Received from HSC Trusts, (January - March 2021)							
Area of Concern	**BHSCT**	**NHSCT**	**SEHSCT**	**SHSCT**	**WHSCT**	**NIAS**	**Total**
Patient Experience	148	57	72	56	79	31	**443**
Palliative Care/ Death/Dying	8	6	7	12	12	1	**46**
Allied Health	8	1	2	11	7	0	**29**
Maternity/Gynaecology	30	9	12	17	7	0	**75**
Emergency Department	27	10	11	26	24	0	**98**
Social Care & Children	58	72	44	32	28	0	**234**
Prison Healthcare	-	-	13	-	-	-	**13**
GP OOHs (Trusts)	2	-	0	0	-	-	**2**
Sepsis	0	1	0	0	0	0	**1**
Stroke	0	1	0	0	1	-	**2**
Neurology	10	1	1	0	0	-	**12**
Total	**291**	**158**	**162**	**154**	**158**	**32**	**955**

<u>HSC Trust Learning</u>

According to information received from the HSC Trusts, learning/action was identified/taken in respect of 264 complaints in the period compared with 309 in Q3 2021; to include new/ revised processes, shared learning within departments/individuals and discussions at safety briefings and Mortality and Morbidity (M&M) meetings. It should be noted that where professionals reviewing this information feel regional learning is merited, such complaints will be discussed at the Quality Safety and Experience Group (QSE) to decide what further action is required as outlined at point 2.3.

3.2 Family Practitioner Service (FPS) Complaints

The HSCB receives anonymised copies of approximately 150 written complaints and responses (local resolution returns) from FPS Practices each

year, primarily from General Medical Practitioners and General Dental Practitioners.

In addition, the HSCB acts as an intermediary, or 'honest broker', in approximately 60 – 80 complaints per year (predominantly General Medical and Dental Practitioner complaints). The role of an intermediary requires a level of mediation on the part of the HSCB's complaints staff in an attempt to successfully resolve complaints at Practice-level where possible.

It should be noted that in line with the Board's monitoring role, complaints concerning clinical/professional/regulatory issues (including 'honest broker') are shared with respective professional staff in the Directorate of Integrated Care. Where issues are identified, appropriate action is taken by professionals and fed back to the complaints team be noted and recorded. During this period one complaint required further action and this is highlighted below at Annex point 1.

3.2.1 Local Resolution FPS Complaints

During this period the HSCB received 31 local resolution returns from GP Practices. This is a slight increase on the previous quarter when 24 returns were received. One return was received from a Dental Practice, and there were no returns received from Pharmacies.

Subject	GP	Dental	Total
Treatment & Care	12	1	13
Staff Attitude & Behaviour & Communication	10	0	10
Appointments	2	0	2
Medications	2	0	2
Registration	1	0	1
Other	2	0	2
Personal Records	1	0	1
Total	**30**	**1**	**31**

3.2.2 Honest Broker Complaints and Timescales

During this period the HSCB was requested to act as an honest broker in 25 complaints. This is a slight increase on the previous quarter when 21 requests for honest broker complaints were made.

Subject	GP	DENTAL	Total
Treatment & Care	7	1	8
Staff Attitude & Behaviour & Communication	6		6
Registration	5		5
Other	2		2
Removal	1		1
Failure to follow agreed procedures	1		1
Personal Records	2		2
Total	**24**	**1**	**25**

Honest Broker Timescales

Six honest broker complaints were carried over from the previous quarter. During this period 19 complaints were responded to. 14 were responded to within the 20 working day timescale; five were responded to outside of this timescale.

Two complaints were responded to within between 34 and 35 working days - awaiting consent and clarification from the complainants added to the timescales. Three complaints were considerably over the timescale, 43, 60 and 61 working days and delays were as a result of the pressures on Practices as a result of the pandemic.

Twelve complaints remained ongoing at the end of the reporting period.

3.3 HSCB Complaints

Within this period seven complaints were received relating to HSCB processes and ECR applications. This compares to four HSCB complaints received in the previous Quarter (Q3 20/21). Three complaints also carried over from the previous quarter . Four HSCB complaints were closed during this period and six remain ongoing.

During this period four complaints relating to HSCB were closed. Two complaints were responded to within 27 and 30 working days - delays occurred due to awaiting approval on responses. Two were responded to significantly outside the timescale (55 and 71 working days); one required liaison with another organisation and the other was delayed due to the availability of key staff. Complainants were kept updated throughout the process. Six complaints regarding HSCB will carry over into the next reporting period.

HSCB Learning
In respect of the four complaints closed during this period, each investigation found that while due process had been followed, an apology had been issued.

3.4 OOHs Complaints

During this period the HSCB received six complaints regarding the GP Out of Hours Service from Trusts and Mutual Providers. This compares to seven complaints in the previous quarter (Q3 20/21).

Category of Complaint	BHSCT	DUC	SEHSCT	SHSCT	WUC
Treatment & Care	0	4	0	0	0
Staff Attitude and behaviour	1	0	0	0	0
Communication	1	0	0	0	0
Total	**2**	**4**	**0**	**0**	**0**

Relevant professionals review complaints regarding the Out of Hours service and no concerns were identified during this period.

4. Other Issues

4.1 Informing key areas of work

4.1.1 Complaints concerning Discharge Update – As previously advised the RCSG agreed that a review of complaints regarding discharge arrangements

across the HSC Trusts over a 12 month period should be undertaken. This review was undertaken and a paper was subsequently discussed at a Safety Briefing meeting on 18 June 2021. It was agreed that in order to provide a complete picture, data should also be reviewed concerning SAIs, AIs and Patient Experience. In the interim the paper will be shared with the Regional Discharge Group in the knowledge that further information will follow to ensure there will not be a delay in sharing the rich information from complaints.

4.1.2 DNR/DNAR Thematic Review – Professionals have carried out a thematic review of complaints concerning palliative care. A further review of complaints was undertaken to support that which had already informed the DNAR/Palliative care work.

The Advance Care and Planning Lead, who is advancing the Advanced Care Planning Policy in NI, has taken note of the themes arising from this review ie communication, documentation, attitude and decision making and will ensure that all of these issues are covered and examined by this new policy. (Attached)

4.1.3 **'**Mealtimes Matter' This is an 'Always Event' that is a key priority for Trusts, and led by NHSCT(attached). At the request of the Patient Safety, Quality and Experience Lead, a review of complaints was undertaken for the period October 2019 - March 2021to identify key themes to inform this improvement work on Mealtimes. This work is currently paused due to staff availability.

4.2 COVID-19 Complaints Update – The Q3 complaints report indicated that an update would be provided in relation to themes that had been identified specifically relating to the impact of COVID-19, ie complaints regarding palliative care/care of the dying/access to loved ones when dying; visiting arrangements; and waiting times associated with delayed treatment/care. A review of complaints regarding COVID -19 specific issues has demonstrated that during the period October to December 2020 (Q3 20/21) 86 COVID-19 related complaints were received and 105 during the period January to March (Q4 20/21). This represents a 22% increase in complaints concerning these particular issues. The largest number of complaints relate to the impact on

waiting times, reduction or suspension of services and visiting restrictions. We will continue to monitor complaints concerning these issues.

SMT are asked to note this report and its contents for consideration at the Governance and Audit Committee. Further information is available on any of the example complaints detailed, should this be required.

Liz Fitzpatrick (Mrs)
Complaints/Litigation Lead HSC Board

Annexe 1

Examples of FPS and HSC Trust Complaints where learning has been identified/there has been further professional consideration or action/patterns or trends have been identified.

FPS Complaints

1. **A complaint was raised on behalf of a Syrian refugee who has limited English. Their advocate was concerned that the Practice implied that they do not use Interpreting Services for telephone appointments, rather the Practice requests patients bring a friend/relative to their appointment or speak to the GP on their behalf. The patient had an appointment with a GP but did not understand the advice provided, due to lack of interpreting service**.

   Practice Response: - The Practice explained that whilst it would be ideal to have an interpreter available for all telephone and face to face appointments, regrettably more often than not, they are unable to get an interpreter from the Big Word (interpretation and translation technology). Either their call to the Big Word is unanswered or they do not have the appropriate language available. Where the Practice identifies a need for an interpreter staff always highlight this to the GP and also take details to ensure they have a contingency plan where possible. Often this means relying on friends or relatives which is not ideal.

   RCSG Action: As a result of this complaint, the HSCB made contact with the Big Word, highlighting the issues of complaint being received. Correspondence was also re-issued to FPS Practices to remind them of their responsibilities regarding the provision of interpreting services and details on how to access both face to face and telephone appointments.

   Action taken: The Big Word advised HSCB that the difficulties experienced were as a result of the Global pandemic. Restrictions were put in place in respect of face to face bookings which impacted greatly on their conference call service. They have now implemented 3-way calls via their automated system and in addition have commenced a recruitment campaign to recruit linguists to cover the volumes at peak times.

Additional information - The NI Public Services Ombudsman has the power to conduct investigations on her own initiative under section 8 of the Public Services Ombudsman Act (Northern Ireland) 2016 which can be conducted where the Ombudsman has a reasonable suspicion of systemic maladministration (service failure) or systemic injustice (sustained as a result of the exercise of professional judgement).

The Own Initiative team are currently conducting preliminary research on behalf of the Ombudsman into a range of areas of potential concern. This includes potential concerns in GPs use of interpretation/translation services in Northern Ireland and HSCB is co-operating with this office.

HSC Trust Complaints

2. A patient raised concerns that their baby's heart defect was not detected at their scan.

Trust response: The Trust apologised and explained that detection rates for cardiac abnormalities nationally are approximately 50%. The images were reviewed again and there was no indication of a cardiac abnormality. The private scan was done 9 days later, which can make a difference to the size of structures within the heart, equipment may differ and the foetal position may become optimal for scanning within this period. The Trust stated that the cardiac imaging was not carried out using the pre-set cardiac settings on the scanner and that this had been discussed with the Sonographer and learning shared. The consultant reviewed the patient with the foetal anomaly scan that had been performed at the Trust and their private scan. Noting the presence of mild bilateral renal pelvic dilatation, they discussed the implications of this finding, including a risk of underlying chromosomal problem of 1-2% and a referral was made to paediatric cardiology.

RCSG Action: Professionals requested additional correspondence in relation to this complaint and noted the Trust had explained learning had been identified. It advised that the diagnostic quality of the saved cardiac imaging was not good. The pre-set cardiac setting had not been used. It is imperative, especially when scanning the heart that the image quality is optimised with appropriate manipulation of all scanner settings. Professionals noted this learning had been shared with the Anomaly Scan Improvement Group/all

Obstetric Sonographers in all of the 5 Trusts and were content the learning had been shared appropriately.

3. **A Complainant raised concerns about their treatment and care after presenting to the ED several times with a headache; no scan was carried out. They had to be blue-lighted to the RVH with an aneurysm and have been left permanently damaged and unable to work.**

   Trust Response: The Trust convened a meeting with the complainant to discuss their attendances at ED and the treatment provided. The Trust advised that it was sorry to learn staff within ED had been dismissive and had insisted the complainant had had a migraine. The Trust reassured the complainant that investigations were normal and did not indicate a scan was necessary until their fourth attendance when their symptoms had worsened and an aneurysm was diagnosed. It apologised for their experience and for the impact this had had. The Trust advised that learning had been identified in terms of taking more care with patients who presented with severe and sudden onset of headache, especially when they present frequently over a short time period of time.

   RCSG Action: Correspondence was requested and shared with relevant professionals, who are liaising with Trust Governance colleagues to seek clarification as to whether this requires to be considered for SAI. This continues to be followed up.

4. **A patient presented at ED on the advice of the Out of Hours Service as they could not rule out a stroke. In ED the examining Doctor was dismissive and suggested referral to Occupational Therapy for assessment. The patient was discharged and re-attended the following day where a CT brain scan was taken which showed a large mass on their brain.**

   Trust Response: The Trust advised that investigations ie bloods, urine and ECG were normal and the complainant was discharged with advice to follow up with their GP. The Trust advised it was sorry to learn of their diagnosis. It advised that a Senior Consultant in Emergency Medicine had undertaken a review of their care and discussed the complainant's case with the Doctor involved. On reflection, the Doctor agreed a CT brain scan should have been

requested to rule out the presence of a subdural haematoma in the first instance. Apologies were given for any distress caused.

RCSG Action: Correspondence relating to the complaint was requested and shared with relevant professionals, who are liaising with Trust Governance colleagues to seek clarification as to whether this requires to be considered for SAI. This continues to be followed up.

5. Escalation of Complaints to SAIs

A Service User attended ED with severe leg pain. The patient was examined and appropriate tests were carried out. They were discharged with follow up by their GP for onward referral to neurology. The patient returned to ED as the leg pain became unbearable. Following examination they underwent surgery to remove a clot. The patient's condition deteriorated and required an above knee amputation.

Learning: This was discussed and considered by the relevant SAI group; new Regional Learning was identified. Governance colleagues advised that a Learning Matters Article will be completed on Acute Limb Ischaemia. This will be shared in a future report.

Department of Health Advance Care Planning Policy for Northern Ireland (for adults)

DNACPR

Thematic Review of DNACPR Issues

February 2021

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1.0 Executive Summary

1.1 Introduction

Advance Care Planning is one of the key priority areas for the Palliative Care in Partnership Programme since 2016. During COVID – 19 the issues relating to Advance Care Planning and in particular Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) have gained a greater emphasis, urgency, and priority.

In response, the Department of Health has tasked a small project team to develop a Regional Advance Care Planning Policy (Adults) for NI. They are also tasked with drafting a comprehensive suite of supporting documentation and with implementing a comprehensive training and education plan.

The high level plan has been approved by the Minister of Health. The Regional Clinical Ethics Forum and the Palliative Care in Partnership members have provided commentary on the scheme of work, inclusive of methodology for the various stages of the development of this Policy.

To ensure rigour from the outset, a thematic analysis was undertaken on a number of key data sources which related to either advance care planning broadly, or DNACPR specifically. These sources included the following six recently published reports;

- Age NI, 'Lived Experience: Voices of older people on the COVID-19 Pandemic 2020',
- Amnesty International, 'As if expendable. The UK Governments failure to protect older people in Care Homes during the Covid-19 pandemic'.
- The CQC interim report from its review into the application of do not attempt cardiopulmonary resuscitation (DNACPR) decisions during the COVID-19 pandemic,
- The National Audit of Care at the End of Life (NACEL), Second round of the audit report Northern Ireland (2019/20),
- The Patient Client Council: Exploring the experiences and perspectives of clinically extremely vulnerable people during COVID 19 shielding December 2020.
- NI Assembly Committee for Health, Inquiry Report on the Impact of COVID-19 in Care Homes (February 2021)

The thematic analysis also included Health and Social Care data; "Regional Complaints" received from across all the Health and Social care Trusts in Northern Ireland between April 2018 and June 2020

which related to ACP or DNACPR. A search of "Serious Adverse Incidents" reported similarly, will be completed when the data is made available to the Project Team.

This paper presents the findings from this initial thematic analysis and is intended as a live document that will be developed further as the work progresses, to include new relevant information as it emerges.

1.2 Thematic analysis overarching themes

Following this initial analysis, a number of overarching themes are evident.

- There should be No blanket approach to DNACPR (Human Rights issue)
  (In both Amnesty UK and CQC interim Report)
- Public misunderstanding of DNACPR
- HSC professionals misunderstanding/poor knowledge of DNACPR process (including no review of status)
- No/Poor/insensitive Communication re DNACPR
- CQC finds that a combination of increasing pressures and rapidly developing guidance may have contributed to inappropriate advance care decisions

2.0 Evidence

What follows is a synopsis of key findings from the six abovementioned reports.

2.1 Age NI – "Lived Experience: Voices of older people on the COVID-19 Pandemic 2020"

Using feedback from older people who accessed their support services during COVID-19 or through hearing older people views during the weekly consultative forum, Age NI compiled this publication, which reflects key concerns and experiences through four key themes:

1. Support, health and care

2. Communication and connection

3. Loneliness and isolation

4. Grief and loss.

Figure I – Extracts from the Age NI report

"Older people around the world bear the brunt of the impact of the COVID-19 pandemic. In Northern Ireland, as elsewhere, statistics paint a stark picture:

• People aged over 65 make up 90% of all the deaths attributed to COVID-19

• People who were living in care homes account for over 50% of related deaths"

Our thematic analysis focused on issues pertaining to DNACPR

- *These are without doubt challenging times, but it is crucial that we continue to protect people's fundamental human rights. The role and timing of advanced (sic) care planning has taken on particular significance.*
- *Advanced (sic) care planning Families were distressed and concerned when advanced (sic) care planning and DNA CPR (Do not attempt cardiopulmonary resuscitation) forms were raised during the early stages of the pandemic.*
- *Action point: Start the conversation and follow best practice in advanced (sic) care planning.*

Key messages / Recommendations

- Older people must not be discriminated against particularly, on the basis of age or condition when it comes to treatment options and choices.
- Older people need to be kept at the heart of compassionate, best practice, care.

Other than that outlined in figure I, there was no further detail provided in the report regarding DNACPR, however Age NI will participate in the Stakeholder engagements.

2.2 Amnesty International: As if expendable. The UK Governments failure to protect older people in Care Homes during the Covid-19 pandemic

This report focuses on the number of COVID-19 related deaths of people over the age of 65 in England, between March and June 2020 (40% of the total of all those who died). Of these, 76% lived in care homes. The report makes the case that the UK government, national agencies, and local-level bodies have taken decisions and adopted policies during the COVID-19 pandemic that have directly violated the human rights of older residents of care homes in England—notably their right to life, their right to health, and their right to non-discrimination.

Figure II - Extracts from Amnesty International Report

"Throughout the pandemic, concerns about the inappropriate use of Do Not Attempt Resuscitation (DNAR) forms have been repeatedly raised."

"Concerns about blanket imposition of DNAR were reported across the country, pointing to flaws with how decisions were taken and policies communicated to those who are supposed to implement them—CCGs, GPs, and care homes. Care home managers reported to Amnesty International and to media cases of local GP surgeries or Clinical Commissioning Groups (CCGs) requesting them to insert DNAR forms into the files of residents as a blanket approach."

The guidance also included instructions related to hospital admission, asking GPs to ensure "patients who do not already have a 'do not convey to hospital' decision are prioritised and have one in place".

"Discussions on advanced (sic) care planning should be warm and natural conversations. This is not how they should be done. One care home with 26 residents had 16 residents sign DNARs in a 24-hour period. It was distressing for staff and residents … Care homes felt like they were being turned into hospices, and being asked to prepare to manage deaths instead of managing life."

"Following investigations by a senior local figure and news coverage of the story, the CCG responded that while "agreeing advance care plans is a routine and important part of how GPs and care homes support their patients and residents, we recognise there may have been undue alarm caused by the interpretation of this particular guidance." (129 A local official told Amnesty International that the CCG sent a follow-up letter apologising and clarifying guidance shortly after the news coverage).

"indicate that pressure was being exerted from the acute sector to free up hospital beds with little concern for the consequences on the health and lives of those in other settings, including care homes, or for equal treatment in access to care. Discussing how the CCG guidance came to be issued, a senior local figure told Amnesty International that it was clear from conversations he had with senior figures in the local health system that they were under "an enormous amount of pressure from upwards" and

that they were given instructions orally which were not sent in writing or would be worded differently when sent in writing. This would explain why so many CCGs and GPs asked care homes to put DNAR instructions on their residents in a blanket approach even though there is no written record of any such government policy".

"The concern about blanket DNAR instructions was widespread and serious enough, right from the outset of the pandemic, to prompt warnings by the UK's main medical and social care bodies at the beginning of April 2020. In a joint statement issued on 1 April, the British Medical Association (BMA), the Royal College of General Practice (RCGP), the Care Quality Commission (CQC), and the Care Provider Alliance (CPA) warned that: "It is unacceptable for advance care plans, with or without DNAR form completion to be applied to groups of people of any description. These decisions must continue to be made on an individual basis according to need."

"blanket DNACPR" decisions, or decisions taken about resuscitation status by others (GPs, hospital staff or clinical commissioning groups) without discussion with residents, families or care home staff, or that they disagreed with some of the decisions on legal, professional or ethical grounds".

Human Rights violations

"The UK is a state party to international and regional human rights treaties which require it to protect and guarantee fundamental human rights relevant to the concerns addressed in this report, including, notably, the right to life, the right to highest attainable standard of physical and mental health, the right to non-discrimination—including on the grounds of age, disability or health status—the right not to be subjected to inhuman or degrading treatment, and the right to private and family life.206 The UK's obligations under international human rights law requires that it respect, protect and fulfil the human rights of individuals within its jurisdiction. Most of these rights have been enshrined in UK law by the Human Rights Act, which incorporates into domestic law the rights set out in the European Convention on Human Rights (ECHR)"

"Decisions by some CCGs and GPs to direct care homes to put blanket DNAR on all residents and the government's failure to ensure compliance by CCGs, GPs and care homes with standard DNAR procedures violated the right to life, the right to health and the right to non-discrimination of care home residents, who were subjected to such practices as members of a specific category—older persons with and without disabilities living in assisted facilities".

The Report also noted with regard to issues of *"PPE, testing, etc the suspension of inspections by the CQC meant that there was little meaningful protection against such practices"* i.e. the application of blanket DNACPR decisions or decisions taken about resuscitation status that did not involve the person or those closest to them.

Key messages / Recommendations including an Enquiry re DNACPR:

- The extent to which there was inappropriate use of DNARs by health and care professionals, including the incorrect interpretation of them to mean that a person should not be sent to hospital.
- Call for an urgent and thorough review of all DNACPR forms that have been added to care home residents' file since the beginning of the pandemic to ensure they have been completed with the full knowledge, consideration and consent of the resident and/or their family or legal guardian where they do not have mental capacity according to the terms set out in the Mental Capacity Act.
- Call to ensure all staff working in the home understand when and how DNARs/DNACPRs apply and that they do not in themselves indicate that a patient does not want to be taken to hospital or does not want to receive (non-CPR) medical treatment.

2.3 The Care Quality Commission (CQC) interim report from its review into the application of do not attempt cardiopulmonary resuscitation (DNACPR) decisions during the COVID-19 pandemic. (Dec 3rd 2020)

The CQC is the independent regulator of all health and social care services in England. Prompted by concerns about the blanket application of DNACPR decisions during the early stages of the COVID -19 pandemic, it conducted a special review. The review looked at all key sectors, including care homes, primary care and hospitals, and explored the implementation of best practice DNACPR guidance.

Figure III Extracts from the CQC report

"Early findings are that at the beginning of the pandemic, a combination of unprecedented pressure on care providers and other issues may have led to decisions concerning DNACPR being incorrectly conflated with other clinical assessments around critical care".

Recommendations/Outcome

"DNACPR decisions and advance care plans should only ever take place with clear involvement of the individual, or an appropriate representative, and a clear understanding of what they would like to happen".

CQC is now undertaking a more in-depth review in fieldwork, to establish current practice and identify "what local systems need to do so they can protect against possible future errors."

2.4 National Audit of Care at the End of Life (NACEL) Second Round of the Audit (2019/20) Report Northern Ireland.

NACEL is an annual audit managed by the NHS Benchmarking Network, supported by the Co-Clinical Leads, the NACEL Steering Group.

The overarching aim of NACEL is to improve the quality of care of people at the end of life in acute, mental health and community hospitals. The audit monitors progress against the *"Five priorities for care"* set out in *"One Chance To Get It Right"* and *"NICE Quality Standards 13 and 144"*.

The *Five priorities for care* reflect the Northern Ireland Department of Health circular "HSS (MD) 21/2014 *Advice To Health And Social Care Professionals For The Care Of The Dying Person In The Final Days And Hours Of Life – Phasing Out Of The Liverpool Care Pathway In Northern Ireland By 31 October 2014". The circular sets* out five principles that should underpin high quality care in the final days and hours of life. These principles reflected the good practice outlined in the Department's *"Living Matters; Dying Matters (LMDM), Palliative and End of Life Care Strategy for adults"*, published in 2010.

The NI audit, undertaken during 2019/20, comprised:

- An **Organisational Level Audit** covering hospital/submission level questions;
- A **Case Note Review** which reviewed consecutive deaths in the first two weeks of April 2019 and the first two weeks of May 2019 (acute providers) or deaths in April and May 2019 community providers.

Key messages / Recommendations

NACEL shines a spotlight on the last admission to hospital prior to death and highlights whether hospital staff in Northern Ireland are delivering against the quality standards and statements which are universally accepted as good practice.

Figure IV Extracts from the NACEL report

"Advance care planning is an important part of individualised care planning. Analysis from round two indicates that in Northern Ireland, there is limited advance care planning occurring."

"An important element of individualised care planning is understanding the wishes and preferences of dying people, and those important to them. Advanced care planning is one element of this. Given that on average, the dying person was in hospital up to three and a half days before dying in Northern Ireland, it is documented in 5% of cases only that the dying person had participated in end of life care planning during the final admission. It was documented that 3% of dying people had participated in advance care planning prior to their last admission. This is in relation to all deaths."

> "Further, analysis indicated that participation in advance care planning was limited, even though Northern Ireland have guidance available, across all care settings, to facilitate this process. Given that the median time from recognition of death to dying was almost three and a half days in Northern Ireland, there may well have been missed opportunities for patients to participate in advance care planning."

Similarly, the audit found limited evidence of discussions regarding DNACPR with the person or with their family/caregivers. The report goes on to make the following recommendation;

"Ensure that every opportunity is taken to give dying people the option to participate in advance care planning, to reflect their choices and wishes at the end of their life. This should include documenting in the patient's care records, the preferred place to die (if known), and facilitating this wherever possible."

2.5 PCC: Exploring the experiences and perspectives of clinically extremely vulnerable people during COVID 19 shielding December 2020

Shielding advice was issued to an estimated 80,000 people in Northern Ireland, significantly changing their lives and those living with them. In May 2020, the Patient and Client Council (PCC) sought to engage with these groups, in partnership with the Department of Health (DoH). The rationale was to ensure that the voices of those impacted by shielding informed decision making and messaging around changes to the restrictions introduced in March 2020.

Respondents who indicated that they were using palliative care support were asked a series of follow-on questions:

Q11. Have you (the person shielding) discussed your future wishes/preferences for care (known as Advance Care Planning) with your GP or another health or social care professional?

Q12. If 'yes', did you have this discussion before you began shielding?

Q13. If 'no', would you like the opportunity to discuss your future wishes/preferences for care?

Q14. What would be the best, most appropriate way to have this discussion in your circumstances?

Key Findings:

despite their serious health conditions, only 24% of the 209 respondents who reported receiving palliative care support indicated that they had discussed Advance Care Planning (ACP) with a health professional. A large majority of respondents (72%) indicated that they had not discussed ACP with a health professional.

Of those who had discussed ACP with a health or social care professional, the majority (68%) had done so prior to the start of shielding.

Of those who had *not* discussed ACP with a health or social care professional, 41% reported that they would like the opportunity to discuss these issues.

However, several respondents reported that being asked about ACP by a health or social care professional during a pandemic would make them feel as though their lives were less valued than those of other ill or well persons.

Among those open to having a conversation about ACP, shielding appeared to influence how they would like to be approached. Around half of these respondents reported that they would prefer to have such discussions over the phone or by email, with some specifically attributing this to their need to shield. It is of interest that a small number of respondents, while open to discussing ACP, felt it was too early for them to be having such discussions.

DNACPR did not feature in this report

2.6 DNACPR Related Complaints to HSCTs April 2018 - June 2020

A trawl of all complaints to HSC Trusts across the Region pertaining to DNACPR related issues, between April 2018 and June 2020 was undertaken and two clear themes were identified; Issues in relation to communication and public and professional lack of understanding regarding DNACPR decision making. The issue of no review of DNACPR was also raised. What follows are the recorded complaints cited under each respective themes;

Communication:

"DNR placed on the patient's file but not discussed with the patient or his family; family not kept informed of the patient's condition";

"Family felt pressured into agreeing with DNR; no solution given to help with diagnosis; family provided with conflicting information; incorrect information provided to family; incorrect information on patient's records; staff did not tell the family the patient was in his final hours of life";

"Patient was discharged from hospital with a DNR which family were not told or consulted about".

"A gentleman raised concerns regarding lack of communication following a meeting regarding a DNR placed on his mother's records"

"Family only spoken to directly by Dr/Consultant once by telephone to discuss DNAR. Daughter lives in England and was not given enough information over telephone".

Complaint regarding the confusion over a DNR order being placed on a patient with a rare syndrome while in Acute hospital. Also feel that DNR was not discussed in an appropriate manner.

"Service user with late stage dementia was admitted to the Emergency Department. On transfer to the ward it was noticed that a DNAR was on his records. His NOK was informed that staff in the Emergency Department had made this decision. NOK feels this should have been discussed with him".

"Doctor in A&E issued a DNR form in the patients file without consulting family in respect to it. Wants an immediate explanation of this and why it was done".

"No Review of DNACPR"

Public and professional lack of understanding regarding DNACPR decision making

"Family state as she was extremely unwell, decisions were made at A&E to put a DNAR in place. Family disagree with this decision which was later removed. Family want to know how and on what basis this decision was made".

To be reinforced with both medical and nursing staff the importance of patients and their next of kin being fully involved in discussions and decisions taken in relation to DNR

"Patient was upset by comments made by a doctor about resuscitation. Comments from consultant which stated that it was clinically correct for the doctor to discuss resuscitation with the patient, even though it caused him distress".

Complaint letter regarding a deceased gentleman's consultant. This consult is accused of authorising a DNR. The family were not consulted regarding this.

*query regarding DNAR practice; attitude of doctor. (*No detail available in data)

2.7 NI Assembly Committee for Health, Inquiry Report on the Impact of COVID-19 in Care Homes

The Health Committee decided in July 2020, based on evidence it had taken in the spring in relation to the particular impact of COVID-19 on care homes, to conduct a short inquiry, in order to produce recommendations to help mitigate and manage the impact of a potential second surge of the virus in care homes. The report on the Inquiry was published in February 2021 and makes specific recommendations pertaining to ACP.

Figure V: Extract from the NI Assembly Report NIA 59/17-22

Advance Care Planning is another issue that was brought to the Committee's attention in recent months and the Committee acknowledges the sensitivity of such conversations and the importance of this matter being dealt with on an individual basis, supported by the appropriate professional and taking account of the unique needs, preferences and changing circumstances of the individual, ideally well in advance of a crisis.

The Committee also notes that ACP goes well beyond circumstances where resuscitation is appropriate and covers a wide range of care and treatment preferences, in a variety of circumstances.
The Committee notes the pressure felt by some care home staff to lead these important conversations for which they felt further training and medical input was required.

Recommendation 34: Advance Care Planning should be discussed with each care home resident, on an individual basis, ideally ahead of any crisis; it should be led by the clinician who knows the individual best, with the input of other relevant professionals; and reviewed as necessary.

Recommendation 35: The Department of Health should clearly outline and communicate the rights of older people and families regarding end-of-life planning and this should reference the approach to treatment and care planning recommended under NICE guideline NG163.

Recommendation 36: Steps should be taken to ensure that relevant professionals have access to appropriate training in advance care planning.

3.0 Conclusion

The findings from this thematic analysis identifies five key themes; There should be No blanket approach to DNACPR (Human Rights issue); Public misunderstanding of DNACPR; HSC professionals misunderstanding/poor knowledge of DNACPR (including no review of status) and No/Poor/insensitive Communication re DNACPR. Taking cognisance of these issues during the development of a regional ACP Policy for adults in Northern Ireland, is vital and provides a degree of rigour to the work. Some of the findings from this thematic analysis also provide a useful steer for the focus of any public messaging from the Department of Health, Public Health Agency and the Project team regarding advance care planning and DNACPR.

4.0 References

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BW-254

Mealtime Matters

Antrim Hospital - Our pledge - putting patients first at mealtimes

The mealtime co-ordinator will ensure that all patients receive timely assistance with their meal when required

1. Menu order

Nursing staff must:

- Take menu order using electronic tablet.
- Assist patients / carers with choice and consider patient meal preferences / allergens.
- Ensure right meals are ordered for the right patients; consider need for texture, speech and language needs and special diets including food allergeries.
- Consider the need for snacks for patients with reduced appetite.
- Ensure menus are uploaded to Catering office by 10am each morning.

2. Before mealtime

Nursing staff must ensure:

- A Registered Nurse leads and co-ordinates the mealtime service for patients in their bay or the entire ward.
- Food texture and dietary recommendations are clearly identified.
- Plate method is displayed above bed to identify patients' needs.
- Patients are in a comfortable upright position. Bed tables are cleared and positioned correctly.
- Patients are offered/assisted to visit bathroom.
- Patients hands are washed.
- Provision of adapted plates or cutlery and protective napkin where required.
- That patients requiring mealtime assistance are identified at handover and safety briefings.
- Encourage carers of patients with dementia to visit and assist their relative at mealtimes.

The registered nurse in charge of a bay/ward liaises with and guides Mealtime Companions in relation to specific mealtime care of patients

Staff with catering responsibilities:

- Remove and store snacks until required.
- Ensure food trolley is immediately plugged in once delivered from the kitchen at lunch and dinner times.
- To alert nursing staff / mealtime co-ordinator that meals will be served in five minutes.
- Ensure the food temperatures are checked and recorded in line with Food Safety requirements.

The staff member responsible for the service of beverages:

Must in advance liaise with the registered nurse in charge of a bay / ward to ensure support is provided to patients who require their drinks to be thickened. Check signage for patients not eating or drinking.

3. During mealtime

Staff with catering responsibilities:

- Proceed to the ward service area and take direction from the mealtime co-ordinator.
- Serve food in correct portion size as ordered.
- Present food attractively as per the standard plate model.
- Ensure that seasoning and accompanying sauces are served.

Nursing staff must ensure:

- Patients are not interrupted during mealtime unless it is clinically necessary.
- All available nursing staff and auxiliary staff will assist with mealtimes.
- Staff hands are washed prior to service delivery.
- Staff focus on assisting one patient at a time with feeding.
- The right meal is served to the right patient and corresponds with speech and language/dietetic recommendations.
- Alternatives are offered to patients who refuse their meal.

4. After mealtime

Staff with catering responsibilities:

- Before clearing away, check with the meal co-ordinator if anyone would like more to eat.
- Check meal service has gone well with the meal co-ordinator.
- Report any problems to the Supervisor/Manager.

Nursing staff must ensure:

- Mealtime co-ordinator must scan the ward to ensure all patients have eaten and received assistance.
- Ensure patients are satisfied with their meal and communicate any issues to the Manager/Supervisors.
- Record patient intake of food/fluid where appropriate.
- In the event of a patient missing their meal or being admitted after mealtimes the out of hours catering service can be utilised.

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HSC Northern Health and Social Care Trust

August 2018