Muckamore Abbey Hospital Inquiry

Organisational Module 7- MAH Operational Management

WITNESS STATEMENT OF BERNIE OWENS

I, Bernie Owens, Deputy Chief Executive of the Belfast Health and Social Care Trust (the Belfast Trust), make the following statement for the purposes of the Muckamore Abbey Hospital Inquiry (the MAH Inquiry):

1. This statement is made on my own behalf in response to a request for evidence from the MAH Inquiry Panel dated 7 March 2024. The statement addresses a set of questions posed to me relating to MAH Operational Management.

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

3. The documents that I refer to in this statement can be found in the exhibit bundle attached to this statement marked "BO1".

4. The 7 March 2024 MAH Inquiry request for evidence, with the accompanying questions, can be found at Tab 1 in the exhibit bundle.

Qualification, Experience and Position of the Statement Maker

5. I am a Registered General Nurse (RGN) since July 1983. I hold a BSC (Hons) in Nursing and a Master's degree in Business Administration (MBA).

6. From 2014 I have been a Director in the Belfast Trust. From 2014 my portfolio has principally been Unscheduled Care, Anaesthetics, Critical Care, Theatres and

Sterile Services (ACCTSS), Imaging Services, Medical Physics, and Neurosciences. I was appointed to the position of Deputy Chief Executive in January 2021.

7. For a period in 2019 and 2020 I was asked to take responsibility for the operation of Muckamore Abbey Hospital (MAH), for the reasons I discuss below. To allow me to do that, I was relieved of responsibility for Unscheduled Care and ACCTSS. The arrival of Covid-19 to Northern Ireland in 2020 meant I had to step away from the short-term role I had been asked to undertake to help stabilise MAH.

8. I have endeavoured, for the assistance of the MAH Inquiry, to answer the questions posed to me. However, it is likely the case that the then Co-Director and Divisional Nurse, who worked to me during my time as Director of MAH, may be able to provide further assistance on these issues.

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

Question 1

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

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

ii.   The day to day responsibilities of your role.

9. In 2019, Dr Jack, who was then Medical Director and deputy Chief Executive of the Belfast Trust, asked me to take responsibility, as Director, for Muckamore Abbey Hospital (MAH or the hospital). This was part of the response to the service by RQIA, in August 2019, of three Improvement Notices relating to MAH. I formally undertook this role from 14 October 2019 through to June 2020, though the time I could spend on MAH (as with other aspects of my portfolio) was reducing from

early 2020 as a result of the arrival to Northern Ireland of the Covid-19 global pandemic.

10. The key aspect of the MAH brief was to try to ensure the safe and sustainable running of the hospital for all the patients who were present there. The brief also included ensuring the required improvements were made in MAH to address the three Improvement Notices served by RQIA.

11. As I will explain later, the intention was, in light of the extent of the continued problems at the hospital, that rather than one director being responsible for everything connected to MAH, a number of different directors would take responsibility for different aspects. My role, as Director, was to oversee the day-to-day operation of the hospital. The Director of Social Work took responsibility for the ongoing historic 2017 CCTV investigation (working with the Director of Nursing and the Director of Human Resources), and the Director of Adult Social and Primary Care (who, to that point, had been responsible for all aspects related to MAH) was to concentrate on driving forward the resettlement programme along with their ongoing responsibilities in the rest of their portfolio.

12. I undertook the role in addition to some of my other responsibilities as Director for matters that remained within my portfolio. During this time, I continued to be responsible for Imaging (which had an annual budget of £41.9m and the whole time equivalent of 546 staff) and Medical Physics services (which had an annual budget of £10m, and the whole time equivalent of 142 staff), Neurosurgery and Neurology (which had an annual budget of £30.8m and the whole time equivalent of 183 staff). I continued to be lead director in respect of the Neurology Recall (which involved circa 4,162 patients) associated with the former Neurologist, Michael Watt. I assess I would have spent approximately 1 to 1.5 days per week on MAH related matters during the time I held responsibility as Director for the operation of the hospital, and I would generally have spent one day per week at

MAH. During my period as Director for MAH it had a budget of £19.8m and the whole time equivalent of 479 staff.

13. In February 2020, I was asked to participate in the Belfast Trust's Incident Management team to make the necessary arrangements for the pending Covid-19 pandemic. In April 2020, I was asked to be the director lead and have responsibility to establish the regional Covid-19 Nightingale Intensive Care Unit (ICU) for Northern Ireland. It may already be difficult to fully recollect the extent of the effects of Covid-19, but, by necessity, the effects were radical within the Belfast Trust and were extremely difficult and time consuming.

14. When I took on the role of Director for MAH in October 2019, two other senior staff worked full time in MAH as part of the senior divisional team with myself. The two staff were Gillian Traub, then Co-Director for MAH, and Trish McKinney, then Divisional Nurse for MAH. Both Gillian Traub and Trish McKinney were working full time on MAH and based solely in MAH during that time.

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

15. From October 2019 the cohort of MAH related staff for which I had leadership and/or management responsibility was all the staff who worked substantively on the MAH site, i.e. nursing staff, medical staff, administrative and ancillary staff, and managerial staff. Due to the continued nurse staffing challenges, we continued to need contracted agency staff to provide consistent nursing support across all wards; I was responsible for these staff and the oversight of the relevant contract.

The day-to-day responsibilities of my role

16. The workload involved close and regular working with the two senior staff reporting to me, regular update calls with teams to establish the up to date situation and any issues arising, obtaining information, giving direction, and

discussing and resolving issues. There were many varied meetings including over day-to-day management issues that arose, meetings with individuals and clinical teams, leadership walkarounds to various wards and departments.

17. As a Director I also continued to have weekly Executive Team meetings, Trust governance meetings, safety and quality meetings, monthly meetings with Trust Board, including workshops and assurance meetings. I also had to attend other strategic meetings, internal and external to the Belfast Trust, as part of the Corporate Management Team. Directors would also have scheduled in days such as the likes of consultant recruitment interview panels, regular meetings with trade unions, and meetings with political representatives and patient support groups.

Question 2

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

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

18. Gillian Traub, Co-Director and Trish McKinney, Divisional Nurse reported directly to me. Both were based on MAH site and MAH was the sole focus of their managerial work. Trish McKinney also reported professionally to the Executive Director of Nursing, Brenda Creaney. The Divisional Social Worker was H425 H425 . The Divisional Social Worker, who had responsibility for both MAH and community teams, reported to me in respect of social work and live adult safeguarding matters at MAH. The Divisional Social Worker reported professionally to Carol Diffin, then the Executive Director of Social Work. H425 H425 was not herself based at MAH.

19. Dr Colin Milliken was the Chair of the Mental Health and Learning Disability Division, so his responsibility included the management of medical staff and

medical matters at MAH. He reported and advised on this to myself operationally, and professionally to Mr Chris Hagan, the then Medical Director of the Belfast Trust.

20. Dr Joanna Dougherty, Clinical Director for MAH, worked alongside the Co-Director and Divisional Nurse, reporting to the Co-Director operationally and professionally to Dr Milliken, the Chair of Division. When Dr Milliken left that role, Dr Dougherty advised on medical matters reporting to me operationally and professionally to Mr Chris Hagan, Medical Director.

21. At the time Ms Jan McGall was the onsite Service Improvement Manager for Muckamore Abbey Hospital. Ms McGall commenced in September 2019 and remained until February 2020. Ms McGall had three Senior Nurse Managers reporting to her (Rhonda Scott, Frances Maguire, Paul Magowan). Each of these Senior Nurse Managers had responsibility for one or two MAH wards, each supporting the ward managers of the wards to which they were assigned.

22. In terms of medical staff; there were a small number of Consultant Psychiatrists, normally 2 or 3, working at MAH. One Consultant Psychiatrist worked full time at the hospital. It did vary over time, depending on vacancies. Where necessary, we pursued the securing of agency consultants to work at MAH. A GP working on a sessional basis was employed to look after the general health care of the patients.

23. Following a suggestion by the then DoH Chief Nursing Officer, Charlotte McArdle, and with the agreement of Brenda Creaney, the Belfast Trust Executive Director of Nursing, Francis Rice had already been commissioned, amongst other things, to provide professional support for a review of the MAH nursing model, as essentially a Specialist Nurse Adviser. Francis Rice commenced the role in September 2019. Francis Rice reported to both the Belfast Trust and the Chief Nursing Officer (CNO) in the Department of Health (DoH). I was heavily involved

with looking at the workforce nursing model during my time working on MAH, as I will explain later. The Terms of Reference for the appointment of Francis Rice are contained in his report from January 2020, which I exhibit behind Tab 2 in the exhibit bundle for the assistance of the Inquiry Panel.

24. Brenda Creaney, as Executive Director of Nursing, continued to have lead responsibility for professional nursing practice and workforce requirements and to provide advice, and contribute to the development and implementation of workforce, education, safety, quality and regulation. I was able to discuss workforce proposals with her. Miss Creaney also continued to deal with disciplinary/regulatory matters related to MAH, as I discuss below, but that was not what our shared work related to.

25. Carol Diffin, as Executive Director of Social Work, had lead responsibility for the historic viewing of CCTV at Muckamore Abbey Hospital and the associated safeguarding processes. By this I am referring to the specific police led investigation into the approximately 6 months of available CCTV for the period March to September 2017. The responsibility for real time safeguarding issues (not arising from the March to September 2017 6 months of CCTV) remained within my operational control. I was able to discuss operational social work-related issues with Ms Diffin as I considered it necessary, but did not involve myself in the ongoing historical CCTV investigation overseen by Ms Diffin. So, while I was dealing with the operational running of the hospital as Director for MAH, Ms Diffin, the Director of Social Work, was dealing with the CCTV investigation, and then Ms Creaney, the Director of Nursing, and Ms Kennedy, the HR Director, were dealing with the various outworkings from the CCTV investigation in terms of disciplinary and regulatory activity.

26. Marie Heaney continued in her role as Director of Adult Social and Primary Care, but her MAH related work was connected to resettlement from MAH, and working with the Region with a focus on the future visioning of Learning

Disabilities Services. Ms Heaney also continued to lead on Intellectual Disability Community Services, including the implementation of the new model of services in Belfast. Ms Heaney also continued to manage the adult safeguarding teams across the Belfast Trust for all current or live concerns.

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

27. The changes to management structures and processes that I have described above, and the further matters I describe below, were a response to the RQIA serving three Improvement Notices relating to MAH. I consider the structures and processes during my time as Director for MAH did provide adequate oversight of operational management at MAH during what was a continuing period of difficulty for the hospital. Obviously, those who reported to me during my time will have their own views.

28. The changes in leadership structure, made in October 2019, were undertaken primarily to try to ensure the safe and sustainable running of the hospital, but also to allow there to be "clear blue water" between management of the site on one hand, and, on the other hand, the continuing decision making that was required in response to the evolving and exceptional situation arising from the ongoing viewing of CCTV. For instance, it meant those who had to decide on the suspension of a staff member did not have to sort out the effects of that decision, or feel under any pressure not to make the appropriate decision because of the effect they knew it was likely to have in terms of further destabilising the staffing situation at the hospital. Dealing with the operational effects of any decision arising from the CCTV investigation separately fell to me and my team. This could be difficult, particularly where a member of staff was to be placed on supervision and training. We were not in a position to know why a member of staff required supervision and training (as communication awaited any initial police action, which could take a long time), and so the supervision and training would have a

necessarily wide ambit, and potentially go on for a very prolonged time. I did work closely with the other directors I have mentioned above, respecting the different roles we were undertaking, and I felt we worked well in providing oversight of all the aspects of service requirements, provision of safe care, professional regulation, investigation and disciplinary processes.

29. The combined collective leadership team (CLT) that I headed (Director, Co-Director, Divisional Nurse, Divisional Social Worker and Clinical Director) was responsible for the operational management of MAH. The CLT put in place a number of structural changes and processes during my time. The changes were to try to ensure the requisite quality of care was provided. We monitored key safety and quality indicators, engaged in supporting and developing the staff, and making the necessary changes and improvements to address the issues reflected in the three RQIA improvement notices received by the Belfast Trust in August 2019.

30. As I have indicated, senior nurse managers were aligned to particular wards to provide senior nursing oversight and provide support to ward managers and their teams. We ensured there was senior nurse cover on site over seven days, and we had an 'on call' rota in place, comprising the senior team, for out of hours.

31. We worked on the development and introduction of a virtually live or virtually real time dynamic nursing model to calculate safe nurse staffing levels for MAH. The model is perhaps difficult to explain in written form, but hopefully the sample spreadsheets I have exhibited behind Tab 3 will be of assistance. We held meetings about it with Francis Rice, and with Siobhan Rogan in DoH. We used a Telford exercise to identify the number of registrants required per shift, alongside prescribed levels of patient observation as determined by an assessment of each patient's acuity and dependency. The nurse-staffing plan was then reviewed weekly to identify if each ward was achieving the necessary levels of nursing staff and, if not, indicated what action was needed which was escalated as appropriate.

In December 2019, RQIA determined that "*significant progress has been made with respect to staffing at the Muckamore Abbey Hospital Site. We determined that the required model of staffing at the Muckamore Abbey Hospital has been mapped out and defined, that there are effective escalation arrangements and that a robust action plan to continue to manage staffing at the site was in place.*" I refer to the RQIA letter of 19 December 2019 behind Tab 4 in the exhibit bundle.

32. We also managed, in conjunction with the Executive Director of Nursing, the impact of the decisions arising from the historic CCTV viewing, including nursing staff being made subject to training and supervision plans, later referred to as Interim Protection Plans.

33. It was reported to us, through RQIA on 18 December 19, that the nursing staff felt more supported.

34. We also worked on putting in place a process to monitor Key Performance Indicators, and contemporaneous CCTV, as part of a weekly safety report provided to the Executive Team, which was then reported on monthly to Trust Board.

35. The effectiveness of the changes in structures and processes, in ensuring adequate oversight of operational management at MAH, were perhaps encapsulated in the feedback provided from RQIA on Monday 16 December 2019. RQIA had inspected MAH over three days, which included a night-time visit. RQIA confirmed that, overall, the inspection outcome was positive, and indicated it was lifting, in full, the Improvement Notice relating to staffing.

36. Some important statements made by RQIA, which were made in the context of acute ongoing difficulty for the hospital, included:

"very encouraged by the improvements in the Governance arrangements …….due to the continued implementation of processes that had commenced earlier in the year as well as the addition of a strong clinical and managerial leadership team on site."

"Staff feedback to the inspection team was positive with all staff confirming that they feel supported by the current leadership and the new management structures."

"….the sharing of information on a multi-disciplinary level had greatly improved since the previous inspections. This is evident in the daily and weekly situation reports, live governance meetings, significant event audits (SEA's), multi-disciplinary team (MDT) meetings and clinical improvement groups."

"… Quality Improvement has been well integrated into the current governance systems, clear evidence of which can be seen in the work around the management of seclusion and restrictive practices. There was clear evidence of Agency Staff being integrated in a more meaningful way in to the workforce.

Question 3

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

Explain the lines of accountability from MAH ward staff through to the Trust Board?

37. The workforce providing care to the patients on an MAH ward 24 hours per day across the 7 days of the week is the nursing workforce. The nursing workforce comprises registrants and non-registrants. The nursing staff are accountable to the Ward manager. The Ward manager is accountable to the Clinical Nurse Managers who are accountable to the Service Manager. The Service Manager is accountable to the Co-Director who accounts to the Director responsible for the relevant

service. All professional nursing matters should be raised with the Divisional Nurse, who, whilst accountable to the Service Director operationally, is professionally accountable to the Executive Director of Nursing.

38. Medical staff are accountable to both the Service Manager operationally, and to the Clinical Director for professional issues. In turn, the Service Manager and the Clinical Director are accountable to the Co-Director and Chair of Division. Both the Co-Director and Chair of Division are accountable to the Service Director with the Chair of Division also professionally accountable to the Medical Director.

39. Social work staff who visit the wards are accountable to the Community Service manager and professionally accountable to the Divisional Social Worker for MAH. The Divisional Social Worker is accountable to the Service Director and also professionally accountable to the Executive Director of Social Work.

40. The Service Director and the Executive Directors are accountable to the Chief Executive. In practice, these directors will bring appropriate concerns to the attention of the Chief Executive and to the Trust Board in line with Trust governance structures.

Who decided that matters ought to be escalated?

41. All staff have a duty to escalate concerns based on their codes of conduct and contracts of employment. This includes Doctors, Nurses, Social Workers, Allied Health Professionals. Professional managers work within the HSC code of practice.

42. Any member of staff can raise and escalate a concern. These can be registrants or non-registrants. Nurse registrants at ward or department level should raise, and are expected to raise, any concern to the ward manager or clinical nurse manager verbally, or by incident form (Datix). If they feel they are not listened to, they are

expected to escalate further up and if needed to the Director of the service or the Director of Nursing.

43. The same is expected of the Ward Manager and Service Manager, it is required regardless of their seniority.

44. In summary, it is the responsibility of the individual, who has the concern, to raise it as described above. In practice, the Service Director or the Executive Directors will bring appropriate concerns to the attention of Trust Board in line with Trust governance structures.

Question 4

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

45. To answer the question posed, I am assuming that training for new line managers at MAH on staff management processes refers to the ward manager role. To progress to any other line management requires experience at the ward manager level or equivalent.

46. Someone applying for a line management role will often have experienced a colleague performing the role while they were a more junior member of staff.

47. New line managers will be required to be or become compliant with the core statutory and mandatory training as per Trust policy. The ten elements of statutory and mandatory training are: adverse incident reporting, data protection, equality of staff/managers, fire safety awareness, health and safety awareness, infection prevention control, manual handling theory, Q2020 level 1 awareness, corporate welcome, and safeguarding adult and children awareness level 1.

48. The ward manager is responsible for the oversight of the safety and quality aspects of all care in their ward. They are also responsible for the management of staff on their ward. Their role involves clinical practice, clinical management, leadership, education and teaching.

49. Safeguarding at level 3 is required for ward managers in MAH, relevant specialist practitioners deliver the training in the Belfast Trust and it is managed locally. Safety intervention (SI) training (previously known as MAPA) is required within 12 weeks of employment.

50. Induction training relevant to the role and the site is required. This will assist the new line manager to orientate to the area.

51. Ward managers are supported in the clinical practice, and the clinical management aspects of their role, by undertaking a range of activities and key professional indicators (KPIs) as outlined in the 'Support Improvement and Accountability Framework (SIAF)'. The KPI monitoring includes patient falls, omitted and delayed medicines, nutrition, early warning scores, safeguarding, absence management etc.

52. Ward managers can avail of bespoke management training which they identify as a need through their Staff Development Practice Review (SDPR).

53. There are a variety of other courses, externally to the Belfast Trust, that, while not mandatory, are available to ward managers and they are encouraged to apply. The Royal College of Nursing (RCN) offers a programme 'Preparing for Ward Manager'. This is a 5-day course delivered over 6 months. The Clinical Education Centre (CEC) offers two programmes of training; 1. 'Introduction to Transformational Leadership and its Contribution to Person Centred Care.' 2. 'Developing Capacity in Nursing'.

54. As and when ward managers are involved in staff recruitment, they are required to undertake recruitment and selection training before doing so.

55. Due to the nurse staffing challenges in MAH, the Belfast Trust secured nursing staff via a contracted agency to provide consistent nursing support across all wards. The agency staff were experienced nurses who held a registration in mental health nursing. Many of these staff have remained working in MAH. In recognition of the experience, expertise and commitment of the agency nurses, the Belfast Trust supported and developed them to take charge of the ward. Francis Rice, Specialist Nurse Advisor, devised a competency framework for the agency staff to demonstrate they met a range of competencies before proceeding to take charge of the ward.

Question 5

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

i.   How often meetings occurred.

ii.   Who attended meetings.

iii.   Who decided the agenda for meetings.

iv.   What regular reports were provided to meetings.

v.   How reports were prepared, and by whom.

vi.   Who reports were sent to.

vii.   How concerns were escalated.

56. I have understood this question as asking about the types of meetings relating to MAH, both occurring within the Directorate which contains MAH, or relates to the workforce operating in MAH, as opposed to just meetings that I, as Director, was involved with. There are various regular meetings held at various levels in relation to MAH. There are patient related meetings, ward and service meetings, governance and assurance meetings.

57. A multidisciplinary meeting known as PIpA (Purposeful Inpatient Admission) took place daily. The purpose of the meeting was to ensure that each patient received the care that met his or her needs and was of good quality. During the PIpA meeting, the team reviewed the current care to determine that it was working to achieve the planned outcome. They discussed any adult safeguarding issues and incidents that had occurred in the last 24 hours. The PIpA model was implemented on MAH to improve MDT care and to make clear and visible the care decisions for all members of the MDT who all have an opportunity to contribute.

58. A safety huddle took place at 8am each day. Ward staff and clinical nurse managers had a short meeting to establish the situation for each ward at the start of the day. They establish if there were any issues overnight that need followed up and addressed, and, if necessary, escalated. It is an opportunity to determine if there are any staffing issues that need resolved. Any other matters that the ward staff wish to raise can also be discussed and actioned, as appropriate.

59. Weekly 'Live Governance' meetings occurred for all clinical areas to feedback on the previous week's incidents. The meeting gave an opportunity to review the safety parameters reported in the weekly safety report. This included a review of any restrictive practice events, medicines management, complaints and any other governance issues.

60. Service management meetings took place weekly. They were chaired by the service manager and attended by the clinical nurse managers and ward managers. The purpose of the meeting was to ensure all attending the meeting had awareness of all the ongoing issues. This included new matters and updates on previous matters that required action and follow up.

61. There was a monthly Senior Nursing and Midwifery Team (SNMT) meeting. It was chaired by the Executive Director of Nursing. Reports are provided by the

Divisional Nurses in the form of a completed 'assurance template'. The assurance template is then used during the meeting. Immediately after this meeting, there is a bi-monthly workforce meeting or a bi-monthly fitness to practice meeting. The Deputy Director of Nursing for Workforce compiles the agenda for the workforce meeting. The Deputy Director of Nursing for Safety and Quality compiles the agenda for the fitness to practice meeting.

62. The Executive Director of Nursing chaired a monthly MAH assurance meeting. This involved updates in broad terms of both historical and current cases involving members of the nursing workforce, both registrants and non-registrants, i.e. the number of staff suspended, those on supervision and training plans (later referred to as interim protection plans) and those subject to regulatory sanctions. The core attendees were the Divisional Nurse, Co-Director and the Service Manager for MAH. The Service Director and the Directors of Social Work and HR could also have attended. The Senior Nurse Advisors (SNA) involved in the viewing of the historical CCTV provided the agenda and information.

63. For the assistance of the panel, the Evidence Module 2 Belfast Trust witness statement, relating to Health Care Structures and Governance, also includes a description of the meetings held relating to MAH.

Question 6

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

    i.   **Staff implementation of and adherence to BHSCT policies.**

    ii.   **Nursing staff adherence to professional nursing standards**

    iii.   **Clinical staff adherence to professional clinical standards.**

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

64. The Belfast Trust has approximately 750 policies published on its internal website, called 'The Loop'. The loop and the policies are accessible from any Belfast Trust electronic device.

65. When new policies are developed, they are communicated via the Divisional management team to ward level.

66. When necessary, staff training is provided to implement a policy appropriately. For the nursing staff, this is the role of the Nurse Development Leads (NDLs).

67. Key performance indicators (KPIs) arise from Belfast Trust policies. There is regular monitoring of the KPIs. The weekly safety report in MAH details the weekly performance against these and the trend over time. Whilst the weekly safety report has been provided to the MAH Inquiry previously, I exhibit an example from my time as Director behind Tab 5 in the exhibit bundle. The nursing KPIs are also based in policy and monitored, including patient falls, omitted and delayed medicines, nutrition, early warning scores, safeguarding, absence management etc.

68. Adherence to policies is a requirement of each member of staff. Each member of staff is personally accountable. In addition, on a ward, the ward manager also has a role to ensure all policies are adhered to within their ward. If a ward manager saw something happening that was in contravention of a Belfast Trust policy, then they should deal with it, and escalate it as necessary.

69. Whilst it is not possible to audit the implementation of all policies, the clinical audit programme can undertake specific audits of the key policies pertaining to their wards or specialty. Adherence to policies and their effectiveness is also considered by RQIA in their inspections.

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

70. In the first instance, nurses have their own professional and regulatory responsibility. They are subject to codes of conduct, and professional supervision, in addition to their contractual obligations owed to the Belfast Trust.

71. Second, nurses working on a ward have a ward manager. The ward manager would be expected to raise any issue about a failure by a nurse to adhere to a professional nursing standard. Depending on what it is it may involve referral to the Divisional Nurse, the Director of Nursing and the NMC.

72. Each area involving nurses also has a Divisional Nurse. The Divisional Nurse cannot have the same regular access to nurses as a ward manager, given their role, but they are an additional check should they see anything during their duties that they regard as amounting to a failure by a nurse to maintain their professional nursing standards.

73. Then, within every directorate, there are the normal mechanisms for reporting a concern that has been identified by a colleague, they need not be a nurse. There was also the whistleblowing policy. Depending on the issue, the operation of the adult safeguarding and HR processes may also be engaged.

74. Nurses also work to a set of agreed Key Performance Incidents (KPIs). The KPIs are monitored by the ward manager and discussed at ward meetings. These are reported monthly to the Executive Director of Nursing. The KPIs are also reported quarterly to the Quality and Safety steering group (a subset of Trust Assurance).

75. Staffing incidents and actions are monitored. Where a member of staff is involved in a more minor incident, a reflection of the incident is required and discussed at their next supervision session or appraisal. Training, or additional training, may

be required by a line manager, supervisor or appraiser. In the event that there is a serious or repeated incident the matter is likely to be escalated to the Divisional Nurse for discussion, the provision of professional advice, or necessary action in line with the seriousness of the situation. If the concern is such that it needs a determination by the Executive Director of Nursing, then the matter is escalated further.

76. In the context of MAH there is also an additional layer of scrutiny not utilised elsewhere on wards in the Belfast Trust. For a number of years now, the Belfast Trust has operated a procedure of the viewing of a random sample of CCTV footage recorded from the wards at MAH. The purpose of the random CCTV sampling process is to identify any safeguarding concerns, which may also be an issue relating to a nurse not adhering to professional standards.

77. So, within a Directorate, there are a number of different monitoring mechanisms by which a failure to adhere to professional nursing standards might be identified. It has to be accepted that most of the mechanisms rely on the human behaviour of colleagues, and they are therefore not full proof.

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

78. The answer to this question will, by necessity, be very similar to my last answer. I take the reference to clinical staff to be a reference to medical staff. Like nurses, medical staff have their own personal regulatory obligations in addition to their contractual obligations to their employer.

79. They have a professional line of accountability and escalation within the Directorate, via the Clinical Director, and then the Chair of Division. Then to the Medical Director who is beyond the Directorate. Obviously, if a Clinical Director

or Chair of Division observed a matter of concern about the practice of a doctor, they would be obliged to address it, and, if necessary, escalate it.

80. GMC regulation requires appraisal and revalidation of doctors.

81. Then, within every Directorate, there are the normal mechanisms for reporting a concern that has been identified by a colleague, they need not have been identified by a fellow doctor. There is also the whistleblowing policy.

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

82. I have explained in my last answer the various different mechanisms that might identify a nurse or doctor not adhering to professional, standards, and how, by each of the various means, the matter, on identification, may be escalated.

83. I am afraid I cannot now recall whether there were any instances of a failure to adhere to professional standards while I was acting as the Director MAH (I did not deal with the historical CCTV investigation that was identifying potential issues of this kind). If there were such instances, then there will be records relating to them that the Belfast Trust will have produced or will be producing to the MAH Inquiry.

Question 8

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

84. There are a range of different performance management processes that operate within the Belfast Trust.

85. Individually for staff; there are one to one meetings, supervisions, annual reviews, appraisals, depending on the type of staff involved.

86. In the wider sense, as indicated above, there is regular monitoring of KPIs. The weekly safety report in MAH details the weekly performance against the KPIs, and the trends over time.

87. CCTV reviewing occurs in respect of all MAH wards and includes night shifts. If a situation is highlighted this is escalated to the service manager for further review and escalation as necessary.

Question 9

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

88. The Belfast Trust seeks to have a HR business partner allocated to assist each directorate. A HR business partner was aligned to MAH. Line managers are not required, on all occasions, to seek HR advice if they are undertaking performance management meetings with staff, but this resource is available to them. Depending on the situation, however, they can and should seek advice from their HR business partner. Given the nature of issues in MAH, HR and Specialist HR advice was needed on occasions.

Question 10

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

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

89. A nursing model to calculate safe nurse staffing levels was developed from October 2019 and agreed in around November 2019. The model used a Telford exercise to identify the number of registrants required per shift alongside prescribed levels of patient observation as determined by an assessment of each patient's acuity and dependency. The nurse-staffing plan was reviewed weekly to identify if each ward was achieving the necessary levels of nursing staff, and helped identify what action was needed, which could lead to escalation as appropriate. RQIA and the DoH Specialist Nurse Advisor agreed the model was appropriate.

90. The nurse staffing was recorded and reported in the weekly safety report to Executive Team and the DOH, and in the monthly report to Trust Board.

How any concerns about staffing levels and skill mix were escalated.

91. The nurse Roster was monthly, with weekly review. It allowed us to raise issues with Trust Nurse Bank, and the contracted agency, to secure additional staff. The Divisional Nurse would discuss the situation with the Executive Director of Nursing as required.

92. The more general issue could be escalated to DoH. This did happen when the situation was extremely challenging. DoH agreed an interim 15% recruitment and retention premium, funded by the DoH, for staff who worked in MAH. Staff who came to work shifts from other Trusts were remunerated in this way as well.

Question 11

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

93. Fundamentals of care as well as specialist training such as Positive Behaviour Support, Safety Interventions and Leadership training was promoted and supported. The Clinical Education Centre (CEC) provided a development programme for ward managers and their deputies at Band 6 and 7, and staff were encouraged to attend.

94. An annual 'nurse education development plan' was developed by the Executive Director of Nursing's central nursing team, in collaboration with the Divisional team. The educational needs of staff were determined via the Staff Development Reviews (SDR), sometimes referred to as staff appraisal.

95. Adult safeguarding training at Level 2 and Level 3 was provided. A ward manager (Band 7), to be in a position to screen adult safeguarding referrals, needed to have Level 3 adult safeguarding training.

96. A Nursing Development Lead (NDL) based at MAH, supported the needs of staff on site, and developed pathways for nursing assistants to support their education enabling them to apply for Learning Disability Nurse training through the Open University.

97. A learning programme was developed for agency staff to ensure they had the necessary skills to provide safe care in a Learning Disability setting, including taking charge of the ward.

Question 12

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

98. An MAH Patient Safety report was produced weekly reporting on a range of safety metrics for that week and the trend over time. I have referenced the report above, and exhibited an example to this witness statement. The report is underpinned by the use of data and was intended to demonstrate a transparent and accountable approach to care. The metrics include the number of adult safeguarding referrals, both staff on patient and patient on patient incidents. The number of incidents reported, and their severity and location. The metrics also monitored the use of restrictive practices, across seclusion and voluntary confinement. This includes the number of occasions of seclusion for each patient, the time spent in seclusion and the monitoring of the patient's observations whilst in seclusion. Details of physical restraint and chemical restraint were also included in the safety report.

99. The Patient Safety report was reviewed by the senior management team in MAH, and shared with the multi-disciplinary team. The report was shared with the Executive Team and DoH weekly, and monthly to Trust Board as part of the Service Directors briefing.

100.   Significant Event Audit methodology was used following incidents where there was opportunity for learning.

101.   The weekly Live Governance call, described above, gave an opportunity to review the safety parameters, sharing of good practice and important learning from SEA reviews could be discussed. The safety data was also discussed with specific wards as necessary.

102.   The safety parameters demonstrated a significantly improving picture across the aspects of safety.

Question 13

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

103.   During my time in MAH, there was no data analyst on site. A senior member of the Planning and Performance team, however, provided the activity data and trend analysis for the Patient safety report. The CCTV viewers provided the summary of the CCTV viewing to the Service Manager for inclusion in the report. The Divisional Nurse provided the data pertaining to the nurse staff situation.

Question 14

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

104.   I first became aware of concerns over the abuse of patients in MAH, as a member of the Executive Team, when, on 27 September 2017, Marie Heaney, then Director of Adult, Social and Primary Care, advised the Executive Team of a serious incident in PICU ward in MAH. Ms Heaney was the Director responsible for MAH at that point in time (as I have explained, my role as Director of MAH was in late 2019 into 2020). Marie Heaney also raised the concerns at the

confidential meeting of Trust Board on 2 November 2017, which I attended. This was also discussed at the Trust Assurance Committee meeting on the 14 November 2017; I was an apology for that meeting. I did not have a specific role in MAH at the time. I rely on the minutes of these meetings for the recollection of action taken to address the concerns raised, and there will be other members of staff, or former members of staff, who will be able to assist on the actions taken.

Question 15

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

Other Matters

105. During my tenure as Director, for Muckamore Abbey Hospital from 14 October 2019 to June 2020 the brief also included making the required improvements in MAH, as identified by RQIA in the three Improvement Notices issued to the Belfast Trust on 16 August 2019.

106. RQIA place three improvement notices on MAH in respect of failures to comply with minimum standards across three areas: 1. Staffing. 2.Financial Governance. 3.Adult safeguarding.

107. The RQIA carried out a 3-day unannounced inspection of MAH from 10 to 12 December 2019. Verbal feedback from this inspection was given on the 16 December 2019 and in writing from RQIA on the 19 December 2019. In summary, RQIA lifted the Staffing improvement notice in full, and lifted all bar one aspect of the Financial Governance and Adult Safeguarding improvement notices.

108. The improvement notice relating to Staffing is already outlined above.

109. RQIA reported significant improvements in the management and oversight of patients' finances. A new Belfast Trust policy and procedure was in place and staff were aware of this. Staff received training relevant to their role with respect to management of patient finances and I believe staff had a clear understanding of their roles and responsibilities. Before lifting the Improvement Notice in full, RQIA, being aware of a scheduled BSO Internal Audit of financial governance in MAH that was taking place in February 2020, extended this element of the Improvement Notice for 3 months. BSO provided a report following its internal audit with the outcome of 'Satisfactory'. On the 14 April 2020 RQIA wrote to the Belfast Trust lifting the Improvement Notice for Financial Governance.

110. Following the RQIA inspection on the 10 to 12 December 2019, RQIA determined to lift all elements of the Improvement Notice relating to Adult Safeguarding, except for the action to 'implement effective mechanisms to evidence and assure its compliance with good practice in respect of Adult Safeguarding across the hospital'. RQIA extended this element of the Improvement Notice for three months to enable the Belfast Trust to embed improvements across the safeguarding arrangements and try to ensure systems and processes were robust.

111. On 2 April 2020, at a meeting with RQIA, a presentation outlining the improvement work on adult safeguarding in MAH was given. RQIA was satisfied with the progress in this area, namely the assurances on how adult safeguarding processes were embedded into practice, specific details of completed audits and how trend analysis and learning was being used to improve care provided to patients. RQIA requested the written evidence of the assurances be provided, as they were unable to visit MAH due to 'Covid Lockdown'. The necessary information was forwarded to RQIA on the 10 April 2020.

112.   Following receipt of the additional evidence, RQIA wrote to the Belfast Trust on the 22 April 2020 lifting the Improvement Notice for Adult Safeguarding.

113.   A health and social care trust being served by RQIA with an Improvement Notice is a significant issue. In the context of the ongoing problems at MAH, receiving 3 Improvement Notices was a serious issue. The response to the Improvement Notices involved a major team effort from dedicated staff who were determined to go into MAH and do their very best to help provide the best care possible to the patients who were there. I regret that any part of the services provided by the Belfast Trust would ever need an RQIA Improvement Notice, but I was proud of the decision making that ensured the situation was addressed, and the extensive efforts of those who did so.

114.   I also want to take this opportunity on behalf of the Belfast Trust to acknowledge the hurt and pain of those patients and families who were let down by some staff in MAH who abused their position and failed to act in accordance with the standards expected of them.

115.   Standing back, including through being aware of some of the evidence provided to the MAH Inquiry to date, there can be no doubt that the Belfast Trust also did not get all of its response right to what came to light in MAH in 2017, and that there is much to be learned in order to try to provide the best care reasonably possible for patients with a learning disability, and to try to have the best possible precautions to maintain a high quality of care, and to quickly identify if there is any drop in that expected standard.

Declaration of Truth

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

Signed:

Bernie Owens.

Dated: **7 June 2024**

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![MAHI Muckamore Abbey Hospital Inquiry logo]

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

07 March 2024

By Email Only
Ms Bernie Owens

Dear Ms Owens

Re   MAHI Organisational Modules 2024: Request for Witness Statement

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

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

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

The Inquiry understands that you were previously the Director of Unscheduled and Acute Care at the Belfast Health and Social Care Trust (BHSCT) from 2014 to 2018, and Director of Neurosciences, Radiotherapy and Muckamore Abbey Hospital, BHSCT from 2019 to 2021.

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

M7: MAH Operational Management

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

Please find enclosed a set of questions that the Panel wish to be addressed in your statement ("Questions for witnesses with responsibility for operational management of

1

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

In addition, given your present role as Deputy Chief Executive of BHSCT, the Panel would be assisted if your statement would also address 'Module 6: Resettlement' which is primarily concerned with paragraph 16 of the Terms of Reference. In that regard, the Panel requests that you address the following matters specifically in your statement:

1. Please provide an explanation of the methodology and effectiveness of the present and historical processes of resettlement of patients from MAH.

2. Do you wish to draw to the attention of the Panel any other matters not covered by the above questions that may assist in the Panel's consideration of paragraph 16 of the Terms of Reference?

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

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

You are requested to furnish the Inquiry with your completed statement by 27 April 2024. Your statement should be uploaded to the Inquiry's document management platform BOX via the following link:

https://mahinquiry.box.com/s/agy4k53s6ikj6eye0auertfb3b0jv1hu

Should you have any issues accessing BOX please email info@mahinquiry.org.uk and a member of the team will assist you.

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

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

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

Yours faithfully,

Lorraine Keown
Solicitor to the Inquiry

Encs:

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

MAHI Muckamore Abbey Hospital Inquiry

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2

Report on Professional Nursing Assurance

Muckamore Abbey Hospital

Findings, Recommendations and Action Plan

JANUARY 2020

Background

1. An adult safeguarding investigation was initiated in September 2017, following reports of inappropriate behaviour and alleged physical abuse of patients by staff in two wards in Muckamore Abbey Hospital. These ongoing investigations are being carried out between the PSNI and Belfast Health and Social Care Trust (the 'Trust').

2. During January 2018, the Trust set out Terms of Reference for a level 3 review of safeguarding activities at the Hospital under the Health and Social Care Board (2016) Procedure for the Reporting and Follow up of Serious Adverse Incidents, Version 1.1. The Trust asked the Review Team to identify the principal factors responsible for historic and recent safeguarding incidents at the Hospital. The review team appointed was independent of the Hospital.

3. A Review of Safeguarding at Muckamore Abbey Hospital 'A Way to Go' was published in November 2018

4. This review made a number of recommendations relating to the need for reform within the Hospital and the development of robust community based Health and Social Care services so that individuals with a learning disability are enabled to have full lives in their families and communities.

5. The Chief Executive of the Trust wrote to the Permanent Secretary on 8 March 2019 indicating that it fully accepted the complexity and gravity of the situation, and requested the Department's help and support in order to achieve the best possible outcome for patients at Muckamore Abbey Hospital.

6. The Department agreed to facilitate monthly update meetings with the Trust and Health and Social Care Board (HSCB) in relation to Muckamore Abbey Hospital. These meetings were set up at the request of the Trust to help support them in relation to improving services at Muckamore Abbey Hospital. Three meetings have taken place to date (10 April, 8 May and 5 June 2019). The Trust repeatedly

highlighted recruitment and retention of nursing staff as an ongoing and significant risk at these meetings.

7. The Regulation and Quality Improvement Authority (RQIA) carried out two unannounced inspections in Muckamore Abbey Hospital in 26–28 February 2019 and 15-17April 2019. The RQIA subsequently wrote to the Chief Medical Officer (CMO) on the 30th April 2019 advising of their 'serious concerns relating to care treatment and services as currently provided for patients in Muckamore Abbey Hospital' - the RQIA specifically highlighted their concerns in relation to availability and planning of nursing staff to meet assessed patient need; a 'disconnect between site managers and ward staff'; and expressed their concern for health and wellbeing of staff, particularly nursing staff, in the hospital. The RQIA recommended that the Department of Health implement a special measure and establish two taskforces.

8. The Department called a meeting in relation to the RQIA letter to CMO which was held on 14th May 2019. This meeting was convened in response to the 30th April 2019 RQIA Article 4 letter to the CMO.

9. The DOH agreed to establish the new Muckamore Departmental Assurance Group (MDAG) following the second RQIA unannounced inspections in April 2019 and the associated Article 4 letter to the Department. The objective of the group, to be jointly chaired the Chief Social Services Office/Chief Nursing Office was to provide the Permanent Secretary (and any incoming Minister) with assurance that the Permanent Secretary's commitments on resettlement and also the recommendations in the SAI report were being robustly and effectively addressed.

10. The Belfast Trust advised the DOH that as of 20 June 2019 there were 44 WTE Registered Nurse vacancies at the hospital currently being backfilled by use of agency and Bank Nursing staff. The number of staff suspensions to date is 44 (20 registered nurses and 24 healthcare assistants), though there remains the potential for this number to increase should further concerns emerge from the viewing of historical CCTV footage which is ongoing.

11. In light of this, and due to the fundamental role that nursing plays in care delivery on a day to basis to patients in the hospital, the Belfast Trust have commenced a contingency planning process to prepare options in the event of further deterioration in staffing levels at Muckamore.

Professional Assurance

12. The Chief Nursing Officer sent a letter to Executive Director of Nursing, Belfast Health and Social Care Trust on 31 May 2019 seeking assurances regarding patient care and treatment and professional nursing in Muckamore Abbey Hospital. The Executive Director of Nursing, Belfast Health and Social Care Trust responded to this on 20 June 2019. There remained some issues of assurance that needed to be taken forward and therefore, I as professional advisor, was asked to take these forward in conjunction with Senior Nursing and Management Staff in Belfast Health and Social Care Trust..

Professional Nursing Advisor

13. I was asked, having been, a former HSC Executive/Director of Nursing and Interim Chief Executive, to work as professional Nursing advisor alongside clinicians and management in the Belfast Trust to assist with stabilising the nursing workforce, providing expert advice, professional assurances and if appropriate, make recommendations to The Chief Nursing Officer and Department of Health regarding current services, care and treatment within Muckamore Abbey Hospital. This work commenced on 18 September 2019.

Terms of Reference for Professional Nursing Advisor

14.

- To work alongside clinicians and management in BHSCT with responsibility for services provided at Muckamore Abbey Hospital.
- To provide expert professional advice and guidance to colleagues in the BHSCT around all aspects of nursing care for individuals with a learning disability.

- To provide expert professional advice and guidance to colleagues in the BHSCT around all aspects of nursing governance, training and development for nurses and healthcare support workers working in Muckamore Abbey Hospital.

- To ensure that there is a clear and effective clinical, professional, and operational structures in place for all registrants and health care support workers and that staff are aware of these.

- To ensure that all registrants and health care support workers are aware of how to escalate or raise concerns and feel confident and supported in doing so.

- To establish if current nursing practice and care in Muckamore Abbey Hospital is safe, effective and compassionate.

- To review the quality and effectiveness of nursing care and practice currently being delivered in conjunction with ward sisters and ensure that it is in keeping with NICE and other relevant evidence based clinical guidelines and that progress is being monitored and evaluated.

- To identify and where appropriate introduce appropriate routine outcome measures to nursing care as delivered in Muckamore Abbey Hospital.

- To report on the above to CNO via the Muckamore Departmental Assurance Group and other mechanisms as appropriate.

Methodology

15. I officially commenced this work on the 18th September 2019 and prior to this date in preparation for starting, read the following reports:

- "A Way to Go" A review of Safeguarding at Muckamore Abbey Hospital – November 2018.

- Final Report of Independence Assurance Team – Muckamore Abbey Hospital – 19 September 2018.

- Belfast Trust ASPC Directorate, Muckamore Abbey Hospital summary of staff exit interviews 16 August 2018

- CNO Professional Letter to Miss Brenda Creaney, Executive Director of Nursing and User Experience, Belfast Health and Social Care Trust – 31 May 2019

- Response to CNO Professional Letter from Miss Brenda Creaney, Director of Nursing, Belfast Health and Social Care Trust – 20 June 2019

- The Draft HSC Action Plan in relation to the review "A Way to Go"

- From 18th September 2019 I requested information in relation to Nursing Workforce, Professional Governance, Patient Safety, Performance against resettlement targets, Regulation and Quality Improvement Notices (RQIA) and communication mechanisms with Muckamore Abbey Hospital Staff, users, carers and advocates in Muckamore.

- I visited all the wards in Muckamore Abbey Hospital and spoke to the multi-disciplinary teams to include Nursing staff (registered and non registered)

- I met with Nursing students, Medical, Social Work, Psychology, Patient Client Support Services and Allied Health Professional staff.

- I met with Service Users, carers and advocates.

- I attended Charge Nurses meetings and purposeful Inpatient Admission (PIPA) Meetings

- I spoke to and attended Senior Management Meetings (Belfast Health and Social Care Trust)

- I met with the Nurse Development Lead for the Hospital, Day Services Staff, and Clinical Governance staff.

- I met with the Resettlement Lead for Muckamore Abbey Hospital.

- I met with staff from the Muckamore Abbey Review Team (DOH), The Chief and Deputy Chief Nursing Officers, The Nursing Advisor for Mental Health and Learning Disability, Chief Social Services Officer and staff from the Directorate of Mental Health, Disability and other people (DOH).

- I met with the leads responsible for taking forward the recommendations of the HSC Action Plan in response to the Review of Safeguarding "A Way to Go"

- I met with the Director of Nursing (PHA) and Director of Social Care (HSCB)

- I carried out a number of visits to wards observing Leadership and Professional Practice, to get a better understanding of challenges and determine the level and nature of assurance I would be able to provide to DOH.

- I attend the Muckamore Departmental Assurance Group (DOH)

Through this I believe I was able to gain a fuller understanding of the Professional Nursing issues and determine how the Trust was taking actions forward and addressing future professional issues in Muckamore Abbey Hospital. This in turn enabled me to ascertain the level of assurance I could provide for the Department of Health Chief Nursing Officer and make recommendations for improvement.

Preliminary Findings

16. I found all the staff, service users, carers and advocates in the Hospital to be very receptive to me being there to provide professional nursing advice and support. Through spending time individually with staff, with teams, service users, carers and advocates I was able to ascertain a significant level of commitment to ensure the complex needs of patients were met and that patients received the best care possible under very difficult circumstances, mainly negative media attention and significant workforce challenges.

Staff were extremely honest and forthcoming in identifying and communicating issues what help they need and how the Belfast Trust could help and support them further. The staff were exhausted.

Workforce

17. There are a significant number of vacancies in the nursing workforce in Muckamore Abbey Hospital, which presents a daily challenge to the provision of safe staffing on wards with a disproportionate reliance on bank and agency staff. This is of significant concern in terms of the safe and effective care of patients and the future sustainability of the Hospital.

- There are <u>121.00 WTE</u> vacancies in the Hospital of registered and non-registered nurses as a result of vacancies, sick leave, maternity leave and suspensions being covered by bank and agency staff (74.23 WTE). There are less agency nurses available due to Christmas and extended New Year Leave.

- A significant number of staff resignations 15 WTE (8 Band 5, 2 Band 6 and 5 Band 3) 6 WTE Retirements (Band 5) (December 2019)

- Agency and bank staff (registered) are not taking charge of work shifts in spite of some of them having been "block booked" for 18 months.

- There are on average 84 WTE nursing staff (non-registered) involved in the special observation of patients each week

- There are no Ward Support Officers in post in the Hospital.

- The Nurse Development Lead is working his resignation.

- Staff are exhausted.

- Behaviour Support training needs to be extended to include registered and non-registered staff and fully integrated into MDT Treatment Plans.

- An interim workforce plan is required to ensure safe staffing levels on each ward (RQIA Improvement Notice) (February 2019)

Governance and Safety

18.
   a. Hospital Risk Register requires reviewing specifically in relation to nursing workforce

   b. Observation and Seclusion policies require reviewing

   c. Policy development process require reviewing

   d. Weekly Ward safety report is required to keep staff abreast of patient safety issues and required action and improvement

   e. Induction, MAPA and mandatory training is not 100% complete for all staff.

   f. Staff care planning and "PARIS" Training requires updating

   g. Charge Nurse/Senior Nurse meetings require reinstating

   h. Patient inpatient admission (PIPA) meetings require to be implemented in all wards

i. Increased focus required on the implementation of NICE Guidelines/DOH Circulars/Professional Letters

j. Due to the significant challenges in relation to Workforce there requires to be renewed focus on:

- Staff appraisal and supervision
- Reflective practice
- The development of Key Performance Indicators for nursing
- The development of a professional nursing forum
- The development of Nursing Practice
- The implementation of research and development to inform Clinical Practice
- Professional training and development Plans require updating.

Communication

19.

a. Communication lines have become complicated and staff do not understand the professional or operational structures within the Hospital.

b. There is a feeling expressed by staff that they are not adequately communicated with or listened to in relation to the ongoing workforce and professional issues and the PSNI Investigation and hear most of the information on the news.

c. Staff report a "disconnect" between them and site managers.

Leadership

20.

a. Because of ongoing staff changes and the ongoing investigation in Muckamore Abbey Hospital, there is not clear evidence of effective leadership at ward or directorate level.

b. Clinical Leadership (all disciplines) is not as strong as it should or could be and staff feel vulnerable and disempowered due to recent events.

c. There is no divisional nurse in the current structure and professional governance lines of accountability are unclear.

Summary

21. In the course of my observation visits, most of which were unannounced, I found the care to be compassionate and effective and staffing levels were being monitored on a shift basis to ensure patient safety in spite of the issues I have outlined in my findings to date. I could not see evidence of true multi-disciplinary working on the hospital site which is a significant issue of concern as the nursing staff are carrying a bigger share of the workload.

In the absence of a regional alternative the hospital is still receiving admission which is adding further pressure on the nursing staff.

The staff are fully aware that a number of professional and governance issues require revision, updating and renewed focus, however until the workforce is stabilised this will prove to be extremely difficult.

The staff's main concern is having sufficient nurses to look after the needs of patients and ensuring there is a truly multidisciplinary approach to the effective needs assessment, care planning and resettlement of patients. They were also very unnerved by the continued reading of the CCTV footage and feel that they could be in danger of being disciplined in spite of not, in their view, having done anything wrong

I spoke to and met Dr Cathy Jack, Deputy Chief Executive and Ms Brenda Creaney, Director of Nursing, Belfast Health and Social Care Trust on 23 September 2019 as the Chief Executive was on annual leave relayed my concerns and highlighted preliminary findings and recommendations.

On 8 October 2019 a new operational and professional nursing structure was put in place by the Belfast Health and Social Care Trust to include and a Director, Co-Director, Divisional Nurse, Interim Senior Manager, Senior Nurses and based on hospital wards and included revised arrangements for overseeing the Safeguarding

and Financial agendas. A diagrammatic version of the new professional and management structure was sent to all wards and departments in the Hospital.

I am fully included in the work of the Senior Management Team, Senior Nursing and ward teams and members of the Multi-Disciplinary Team. I am working with them to take forward actions in relation to, Professional Governance and Nursing issues based on my findings and can report progress to date against an action plan I have devised to address the Professional Nursing issues of concern. The implementation of this action plan will go a long way to ensure the safe staffing of wards in Muckamore Abbey Hospital, the provision of a competent, confident and supported workforce and ultimately the safe and effective care to patients enhanced by effective Clinical and Social Care Governance and Communication Mechanisms.

The Regulation and Quality Improvement Authority carried out a further inspection on the 10 – 12 December 2019 of all wards and services in Muckamore Abbey Hospital and were extremely complimentary of the progress made to date in relation to the areas of Governance, Staffing, Financial Governance, Physical Healthcare, Seclusion, Restrictive Practice and Safeguarding. The Improvement Notices around staffing have been lifted in full, Financial Governance lifted in full except for the requirement for "internal audit" to conduct their audit, which is due on February 2020.

With regard to the Safeguarding, Improvement Notice, when the Trust provides further evidence, in the form of audits, currently being carried out that new policies and procedures being implemented are effective, the improvement notice will be lifted in full.

RQIA report a totally different 'feel' about the site, the staff are more open, honest, feel totally supported and the patients receive safe and effective care.

The challenges with the Nursing Workforce still remain and RQIA recognise the need for the Trust to continue to receive help from the wider HSC to ensure patients continue to receive safe and effective care and that the care being delivered can be sustained.

Action Plan

I, in conjunction with the Senior Staff in Muckamore Abbey Hospital, have devised an action plan to address the professional nursing and governance issues I have identified to date. The implementation of the action plan will go a long way to ensure the safe staffing of wards in Muckamore Abbey Hospital, the provision of a competent, confident and fully supported workforce, enhanced by effective clinical, social care governance and communication mechanisms.

Future Challenges

There are a number of issues that remain to be addressed that will have a direct impact on the present and future sustainability of Muckamore Abbey Hospital in its current form, and indeed the efficiency and effectiveness of Learning Disability Services in the future. These, in my view are;

A. The inability to permanently recruit and retain the nursing workforce required to ensure the safe and effective nursing care of the current and future Learning Disability patient population.

B. The absence of a Comprehensive needs assessment of our Learning Disability population in Northern Ireland, to inform the development of a regional strategic approach to an integrated hospital and community service model, clinical practice, standards of service provision, and future accommodation needs.

C. The need for an increased focus on quality improvement, user, carer and advocacy involvement in Co. design and delivery of services.

D. The absence of suitable accommodation to facilitate the complete resettlement of the complex patients who are currently cared for in the Muckamore Abbey Hospital and the need for consideration of a regional approach to this.

E. The absence of an agreed modern care pathway and model of Acute Hospital Care Service provision for Learning Disability patients.

F. The absence of a modern Community Learning Disability Care and treatment model for Learning Disability patients to include forensic, home treatment, crisis response, assertive in and out reach multi-disciplinary teams.

G. The absence of a comprehensive and fully integrated training and development multi-disciplinary programme to equip staff with the skills, knowledge, and expertise to assess and care for all Learning Disability patients.

H. The lack of development of Clinical and Social Care 'Leaders' in the field of Learning Disability.

NURSING WORKFORCE

ACTION PLAN

Nursing Workforce			
Recommendations	**Lead**	**Actions and Progress Update**	**RAG Status**
Agency nursing staff are fully integrated into ward teams and registered nursing staff are competent to take charge of shifts on wards in MAH.	Divisional Nurse Senior Nurses	To develop and implement a competency framework for registered agency nursing staff to assess and sign off competency to take charge of ward shifts. 75% complete	(amber)
To ensure all vacant Band 6 and 7 registered nursing staff posts are appointed to every ward in the hospital.	Divisional Nurse	No band 7 vacancies remain. All band 6 vacancies in process of recruitment.	(amber)
To ensure vacant Ward Sister Support Officer posts are recruited to hospital wards.	Divisional Nurse	To advertise, shortlist, interview and appoint Ward Sister Support Officer to hospital wards. No suitable applicants from Agency Workers.	(red)
To appoint 30 WTE registered nurse from 5 HSC Trusts to work for a period of 3 months initially in MAH to stabilise the nursing workforce and ensure the delivery of safe staffing levels in MAH.	DOH Chief Nursing Officer Director of Nursing BHSCT Director	DOH to issue a letter to Trust to reflect that each Trust identify 6 WTE registered nurses who would benefit from a 15% increase in pay, terms and conditions.	(green)
		To work with each of the 5 HSC Trusts to identify 6 WTE registered (RNMH/RMN) nurses to work in MAH. 5 Registered Nurses appointed to date.	(amber)

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To develop an interim workforce plan for each ward to ensure safe staffing levels in all wards in MAH.	Divisional Nurse	To develop a nursing workforce plan on a spreadsheet with guidance for nursing staff to ensure adequate levels of registered and non-registered sisters staff on a daily basis ensure the safety and effective care of patients in MAH.	
		To work with Finance to build an appropriate budget to take forward the implementation of the workforce plan and identify cost pressures.	
		To review the night co-ordinator role to include twilight hours and weekends.	
To develop an agreed job description for the appointment of a Regional Bed Manager for Adult Learning Disability.	Co-Director	To advertise, shortlist, interview and appoint a Regional Bed Manager for Adult Learning Disability. In the process of recruiting. Interview second week in February 2020.	
To participate fully with the PHA in the development of the future nursing workforce plan (delivering care) for Adult Learning Disability Service.	Divisional Nurse	To identify senior nurses to join the regional (PHA) and 5 HSC Trust workforce planning group for Adult Learning Disability Service.	

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To develop and make available a staff counselling service to be available for MAH staff.	Co-Director	To appoint a counsellor to be available on site for staff who wish to avail of confidential counselling service. Counsellor appointed three days per week and communicate to staff on the MAH site.	
To work closely with Trade Union colleagues to keep them abreast of issues on MAH site and ensure there are appropriate arrangements for them to support staff.	Divisional Nurse/Co-Director	Trade union colleagues to attend charge nurse meetings with senior nurses and meetings with staff on MAH site as appropriate.	

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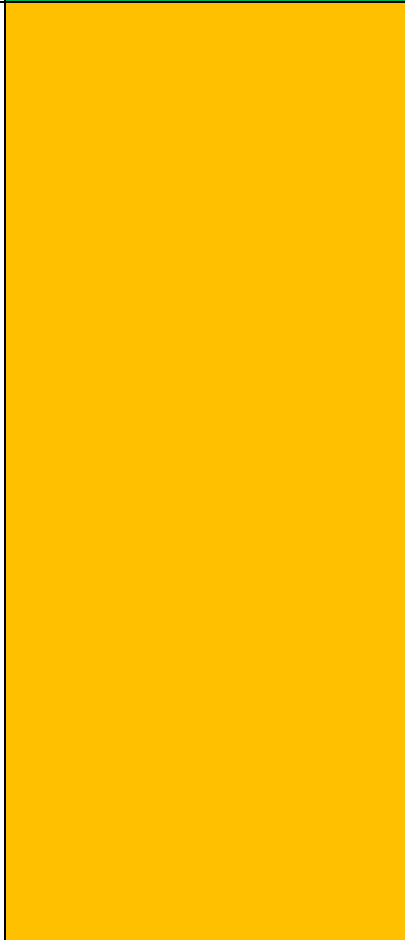
Governance, Safety and Professional Nursing			
Recommendations	**Lead**	**Actions and Progress Update**	**RAG Status**
To review the policy on special observation of patients in MAH.	Divisional Nurse	To collate data which clearly identifies the number of patients on special observation, reason for, type of, and mechanisms for multi-disciplinary review of special observations.	■ (Green)
		To review the policy in line with findings in connection with members of the multi-disciplinary forum.	■ (Red)
To review the risk register in MAH to ensure all risks have been identified and escalated as appropriate.	Co-Director	Senior leadership and clinical team to review risk reports in line with Trust policy and current event in MAH.	■ (Green)
To work with senior and governance team to ensure the policy development process is reviewed and that there is a plan to review all hospital policies.	Co-Director	Governance lead with senior management and senior clinical team to review the policy development process to ensure it is in line with the Trust policy review process.	■ (Green)
		To develop a plan to review all existing hospital policies.	■ (Green)
		To draft and implement a restrictive practice policy.	■ (Amber)
To work with clinical and governance teams to ensure that each ward receives information pertaining to patient safety and actions to address areas of concern.	Co-Director	Governance lead to collate all information in relation to safety reported by each ward and prepare a safety report for each ward, which also feeds into the Trust Safety reports to Trust board.	■ (Green)
		MAH site safety brief to be circulated every morning at 7am	■ (Green)

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		MAH site safety brief to be circulated every night at 8pm with senior nursing staff.	[amber]
		Weekly Live Governance to be implemented on the hospital site.	[green]
		Weekly MAH Safety Reports are now provided for each ward on the hospital site.	[green]
To ensure all staff including agency staff attend induction	Divisional Nurse	Senior Nurses, Ward Sisters and Charge Nurses to ensure that staff attend induction.	[amber]
All elements of Mandatory training will be up to date and recorded for all staff on MAH site.		WSSOs to assist Ward Sisters/Charge Nurses with organising and recording of training when appointed.	[amber]
To ensure care planning and 'PARIS' training is up to date for all staff on MAH site.	Divisional Nurse	Senior Nurse managers to work with Human Resources and charge nurses to identify training needs of staff and ensure all training and records are up to date. Care Planning 90%/Paris 100% (Registered Staff)	[amber]
To develop a training needs analysis and training matrix for all staff by ward.	Divisional Nurse	Senior nurses, charge nurses, and care support officers to work together to identify training needs of staff, a training matrix and work with the education provider (CEC) to provide same.	[red]
To introduce multi-disciplinary Patient Inpatient Admission (PIPA) review meetings on each ward.	Divisional Nurse	Senior nurse manager to work with charge nurse and ward MDT teams to develop and implement PIPA meetings by November 2019 and review effectiveness.	[green]

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To appoint a Nurse Development Lead in MAH.	Divisional Nurse	To devise job description, advertise, shortlist, interview and appoint to these positions.	
		The NDL post will focus on: - The development of key performance indicators for hospital learning (i.e. circular observation, seclusion, rapid tranquilisation). - The development of professional nurse forum. - The development and implementation of appraisal, clinical supervision and reflective practice for all nursing staff. - The development and implementation of professional standards and practices in all wards in MAH. - The promotion of Research and Development in the nursing workforce to guide clinical practice. - To provide assurance to the Trust in relation to the implementation of NICE Guidelines/DOH Circulars/Professional Letters. Nurse Development Lead Post appointed December 2019 (waiting on pre-employment checks)	

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		Service Improvement Coordinator appointed November 2019. Learning Disability Governance Manager appointed December 2019.	

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Communication			
Recommendations	**Lead**	**Actions and Progress Update**	**RAG Status**
Senior Management to establish meetings with all staff in the hospital, users, carers and advocates to listen to and communicate with them. To keep them abreast of all issues in the hospital and take their issues on board and ensure they are addressed.	Director	To establish two weekly senior management forum meeting during which strategic, operational, clinical, finance, and Human Resource issues are tabled and discussed.	
	Co-Director/Divisional Nurse	To establish bi-monthly meetings with users and carers and advocacy workers on site to promote open communication. To establish weekly meetings between senior nurses and charge nurses on site to discuss operational issues. Charge nurses to have monthly update meetings in their respective wards for all staff minuted and sent to all staff.	

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Leadership			
Recommendations	**Lead**	**Actions and Progress Update**	**RAG Status**
To put in place an effective leadership team to ensure that the operational, strategic and professional issues are taken forward on the MAH site and in particular those issues raised in the Adult Safeguarding investigation and subsequent report 'A way to go'.	Director	To appoint an interim leadership team to include divisional nurse to ensure the efficient and effective management and leadership of the MAH site.	🟩
		Put in place plans to appoint a permanent Leadership team and communicate the same to staff, users, carers and advocates.	🟧
		To consider the commissioning of a leadership programme for senior clinical staff at MAH through the "HSC Leadership Centre".	🟥
		To implement Patient Inpatient Admission (PIPA) meetings at clinical level with senior nursing leadership.	🟩
		To implement multi-disciplinary clinical improvement meeting on each ward monthly.	🟧
		To implement Leadership "walk about" on a weekly basis.	🟩
		Trust to appoint a service improvement co-ordinator MH and LD services. Post appointed January 2020.	🟩
		To Review the model of Multi-Disciplinary working on the Muckamore Abbey Hospital site to include staff working in Community Services.	🟥

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Regulation Quality and Improvement Authority			
Recommendations	**Lead**	**Actions and Progress Update**	**RAG Status**
To address the recommendations raised by RQIA in their improvement notices – to finance, staffing, -- and safeguarding.	Co-Director	To review patient finances in MAH, develop guidance for nursing and finance staff. Work with "Department of Communities" to ascertain the accuracy of benefits currently received by patients to ensure appropriate financial systems and processes are in place to protect patients and staff and refer to the "Office of Care and Protection" where appropriate.	
		To conduct unannounced inspections of the revised finance procedures.	
		To review the Trust seclusion policy and provide training to staff as appropriate	
		To work with the RHSCB to access the Trust compliance with safeguarding policies and procedures on the MAH site, review and train staff as appropriate.	
	Divisional Nurse	To develop an interactive interim workforce plan for each ward to ensure the safe and effective care and staffing levels until the regional 'Delivering Care' workforce plan is complete and train staff in its use.	

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Resettlement			
Recommendations	**Lead**	**Actions and Progress Update**	**RAG Status**
To resettle the Adult Learning Disability population (52 of MAH patients into suitable community facilities with appropriate support and input from facilities staff and Health and Social Care teams.	Director	All care and treatment plans to be fully updated by the multidisciplinary team for all patients in each HSC Trust to ascertain the level of need for each patient, where their need can best be met alongside assessing the level and nature of unmet needs (52 patients remaining)	
		To inform the commissioner and DOH of current and future needs of the Muckamore Abbey Hospital patient population to ensure adequate commissioning and provision of safe and effective care now and in the future.	
		To work with the commissioner and HSC Trusts to review the "admission policy" and current agreement for Muckamore Abbey Hospital to continue to receive admissions from other Trusts with a view to finding alternative arrangements within the region in order to expedite the resettlement process.	

RAG Rating	
Completed	
Work in progress	
Progress required/Risk of not meeting target	

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Muckamore Abbey Hospital - Summary of Staffing Position
07-Nov-19

				Staff in Post (SIP)																	
	Plan			Staff Available to Work			Sick Leave			Maternity Leave			Vacancy (Plan - SIP)			Plan v. Staff Available (SA)		
	Reg	Non Reg	Total	Reg	Non Reg	Total	Reg	Non Reg	Total	Reg	Non Reg	Total	Reg	Non Reg	Total	Reg	Non Reg	Total
Cranfield 1	14.12	33.79	47.91	6.48	19.09	25.57	0.00	3.24	3.24	1.00	0.00	1.00	-6.64	-11.46	-18.10	-7.64	-14.70	-22.34
Cranfield 2	17.13	39.35	56.48	7.33	21.9	29.23	1.00	7.00	8.00	1.00	0.00	1.00	-7.80	-10.45	-18.25	-9.80	-17.45	-27.25
Ardmore	16.67	37.50	54.16	8.00	32.53	40.53	1.00	7.50	8.50	1.00	1.00	2.00	-6.67	3.53	-3.13	-8.67	-4.97	-13.63
Sixmile	20.14	19.44	39.58	7.45	11.96	19.41	2.00	2.00	4.00	1.00	0.00	1.00	-9.69	-5.48	-15.17	-12.69	-7.48	-20.17
Erne	14.12	34.03	48.15	8.18	20.12	28.3	0.80	2.30	3.10	0.00	0.00	0.00	-5.14	-11.61	-16.75	-5.94	-13.91	-19.85
Total	**82.17**	**164.11**	**246.28**	**37.44**	**105.60**	**143.04**	**4.80**	**22.04**	**26.84**	**4.00**	**1.00**	**5.00**	**-35.93**	**-35.47**	**-71.40**	**-44.73**	**-58.51**	**-103.24**

	Backfill Agency Block			Backfill Other			Variance after Backfill (SIP)			Variance after Backfill (SA)			Staff Working Notice		
	Reg	Non Reg	Total	Reg	Non Reg	Total	Reg	Non Reg	Total	Reg	Non Reg	Total	Reg	Non Reg	Total
Cranfield 1	7.45	1.24	8.69	1.24	3.62	4.86	2.05	-6.60	-4.55	1.05	-9.84	-8.79	0.91	0.00	0.91
Cranfield 2	3.52	2.71	6.23	2.45	2.13	4.58	-1.83	-5.61	-7.44	-3.83	-12.61	-16.44	0.00	0.53	0.53
Ardmore	8.58	0.00	8.58	0.86	3.63	4.49	2.77	7.16	9.94	0.77	-1.34	-0.56	1.00	2.00	3.00
Sixmile	6.63	3.50	10.13	3.98	4.91	8.89	0.92	2.93	3.85	-2.08	0.93	-1.15	1.00	0.00	1.00
Erne	5.7	5.20	10.9	1.83	4.17	6.00	2.39	-2.24	0.15	1.59	-4.54	-2.95	1.00	2.00	3.00
Total	**31.88**	**12.65**	**44.53**	**10.36**	**18.46**	**28.82**	**6.31**	**-4.36**	**1.95**	**-2.49**	**-27.40**	**-29.89**	**3.00**	**3.00**	**6.00**

Ward	Inpatients	Trial Leave	Total	Plan Nursing wte	Staff Available wte	Backfill Agency Block	Other Backfill	Variance after Backfill
Cranfield 1	9	1	10	47.91	25.57	8.69	4.86	-4.55
Cranfield 2	11	0	11	56.48	29.23	6.23	4.58	-7.44
Ardmore	11	1	12	54.16	40.53	8.58	4.49	9.94
Erne	9	0	9	39.58	19.41	10.13	8.89	3.85
Sixmile	14	1	15	48.15	28.3	10.9	6.00	0.15
Total	**54**	**3**	**57**	**246.28**	**143.04**	**44.53**	**28.82**	**1.95**

Model for safe staffing Levels - Muckamore Abbey Hospital
Cranfield 1
Observation calculation tool

	Nursing Ratio	Hours required over 7 days	wte	wte + 24%
Observations				
Level 1 - General Observations 24/7	1 to 4	42	1.12	1.39
Level 1 - General Observations (ND only)	1 to 4	14	0.37	0.46
Level 2 - Intermittent Observations	1 to 4	42	1.12	1.39
Level 3 - Continuous Observations				
3.1 24/7	1 to 1	168	4.48	5.56
3.2 24/7	2 to 1	336	8.96	11.11
3.3 Waking Hours (16 hours/day)	1 to 1	112	2.99	3.70
3.4 Waking Hours (16 hours/day)	2 to 1	224	5.97	7.41
3.5 Activity Related (7 hours/day)	1 to 1	49	1.31	1.62
Trial Leave Nursing Support				
Waking Hours	1 to 1	112	2.99	3.70
Waking Hours	2 to 1	224	5.97	7.41
Night Duty	1 to 1	56	1.49	1.85
Night Duty	2 to 1	112	2.99	3.70
.24/7	1 to 1	168	4.48	5.56
.24/7	2 to 1	336	8.96	11.11

Date :	
Inpatients	9
Trial Leave	1
Total	10

Observations		No of Pts	wte	Hours/week	Hours/day	Headcount per 24hr period	Headcount per Day shift	Headcount per Night shift
Level 1 - General Observations								
Level 1 - General Observations and Therapeutic Interventions	1 to 4	4	5.56	168	24	3.00	1.00	1.00
Level 1 - General Observations (ND only)	1 to 4	5	2.31	70	8.75	1.09	0.00	1.09
Level 2 - Intermittent Observations	1 to 4	0	0.00	0	0	0.00	0.00	0.00
Level 3 - Continuous Observations								
3.1 24/7	1 to 1	0	0.00	0	0	0.00	0.00	0.00
3.2 24/7	2 to 1	0	0.00	0	0	0.00	0.00	0.00
3.3 Waking Hours (16 hours/day)	1 to 1	3	11.11	336	48	6.00	2.00	0.00
3.4 Waking Hours (16 hours/day)	2 to 1	2	14.81	448	64	8.00	2.67	0.00
3.5 Activity Related (7 hours/day)	1 to 1	0	0.00	0	0	0.00	0.00	0.00
Trial Leave Nursing Support			0.00					
Waking Hours (16 hours/day)	1 to 1	1	3.70	112	16	2.00	0.67	0.22

Waking Hours (16 hours/day)	2 to 1	0	0.00	0	0	0.00	0.00	0.00
Night Duty (8 hours/day)	1 to 1	0	0.00	0	0	0.00	0.00	0.00
Night Duty (8 hours/day)	2 to 1	0	0.00	0	0	0.00	0.00	0.00
.24/7	1 to 1	0	0.00	0	0	0.00	0.00	0.00
.24/7	2 to 1	0	0.00	0	0	0.00	0.00	0.00
Total			33.79	1022.00	146		6.33	2.32
							6	2

Nursing Care - Telford	Hours per day (24hrs)	Headcount	wte	wte +24%
Registrants Day (13 hours/day)	39	3	7.28	9.03
Registrants Night (11 hours/day)	22	2	4.11	5.09
Total	61		11.39	14.12

Workforce				wte	Headcount Day Shift	Headcount Night Shift
Non Registrant				33.79	6	2
Registrant				14.12	3	2
Total				**47.91**		

Model for safe staffing Levels - Muckamore Abbey Hospital
Cranfield 2
Observation calculation tool

	Nursing Ratio	Calculated Hours	wte	wte + 24%		Date :	
Observations						**Inpatients**	11
Level 1 - General Observations	1 to 4	42	1.12	1.39		**Trial Leave**	0
Level 1 - General Observations (ND only)	1 to 4	14	0.37	0.46			
Level 2 - Intermittent Observations	1 to 4	42	1.12	1.39		**Total**	11
Level 3 - Continuous Observations							
3.1 24/7	1 to 1	168	4.48	5.56			
3.2 24/7	2 to 1	336	8.96	11.11			
3.3 Waking Hours (16 hours/day)	1 to 1	112	2.99	3.70			
3.4 Waking Hours (16 hours/day)	2 to 1	224	5.97	7.41			
3.5 Activity Related (7 hours/day)	1 to 1	49	1.31	1.62			
Trial Leave Nursing Support							
Waking Hours	1 to 1	112	2.99	3.70			
Waking Hours	2 to 1	224	5.97	7.41			
Night Duty	1 to 1	56	1.49	1.85			
Night Duty	2 to 1	112	2.99	3.70			
.24/7	1 to 1	168	4.48	5.56			
.24/7	2 to 1	336	8.96	11.11			

Observations	Nursing Ratio	No of Pts	wte	Hours/week	Hours/day	Headcount per 24hr period	Headcount per Day shift	Headcount per Night shift
Level 1 - General Observations								
Level 1 - General Observations and Therapeutic Interventions	1 to 4	5	6.94	210	30	3.75	1.25	1.25
Level 1 - General Observations (ND only)	1 to 4	6	2.78	84	10.5	1.31	0.44	1.00
Level 2 - Intermittent Observations	1 to 4	0	0.00	0	0		0.00	0.00
Level 3 - Continuous Observations								
3.1 24/7	1 to 1	0	0.00	0	0	0.00	0.00	0.00
3.2 24/7	2 to 1	0	0.00	0	0	0.00	0.00	0.00
3.3 Waking Hours (16 hours/day)	1 to 1	4	14.81	448	64	8.00	2.67	0.00
3.4 Waking Hours (16 hours/day)	2 to 1	2	14.81	448	64	8.00	2.67	0.00
3.5 Activity Related (7 hours/day)	1 to 1	0	0.00	0	0		0.00	0.00
Trial Leave Nursing Support								
Waking Hours (16 hours/day)	1 to 1	0	0.00	0	0	0.00	0.00	0.00
Waking Hours (16 hours/day)	2 to 1	0	0.00	0	0	0.00	0.00	0.00
Night Duty (8 hours/day)	1 to 1	0	0.00	0	0	0.00	0.00	0.00
Night Duty (8 hours/day)	2 to 1	0	0.00	0	0	0.00	0.00	0.00
.24/7	1 to 1	0	0.00	0	0	0.00	0.00	0.00
.24/7	2 to 1	0	0.00	0	0	0.00	0.00	0.00

Total			39.35	1190.00	168.50	21.06	7.02	2.25
							7	2

Nursing Care	Hours per day (24hrs)	Headcount	wte	wte +24%
Registrants Day (13 hours/day)	52	4	9.71	12.04
Registrants Night (11 hours/day)	22	2	4.11	5.09
Total	74		13.81	17.13

Workforce				wte	Headcount Day Shift	Headcount Night Shift
Non Registrant				39.35	7	2
Registrant				17.13	4	2
Total				56.48	**11**	**4**

Model for safe staffing Levels - Muckamore Abbey Hospital
Ardmore
Observation calculation tool

	Nursing Ratio	Calculated Hours	wte	wte + 24%
Observations				
Level 1 - General Observations	1 to 4	42	1.12	1.39
Level 1 - General Observations (ND only)	1 to 4	14	0.37	0.46
Level 2 - Intermittent Observations	1 to 4	42	1.12	1.39
Level 3 - Continuous Observations				
3.1 24/7	1 to 1	168	4.48	5.56
3.2 24/7	2 to 1	336	8.96	11.11
3.3 Waking Hours (16 hours/day)	1 to 1	112	2.99	3.70
3.4 Waking Hours (16 hours/day)	2 to 1	224	5.97	7.41
3.5 Activity Related (7 hours/day)	1 to 1	49	1.31	1.62
Trial Leave Nursing Support				
Waking Hours	1 to 1	112	2.99	3.70
Waking Hours	2 to 1	224	5.97	7.41
Night Duty	1 to 1	56	1.49	1.85
Night Duty	2 to 1	112	2.99	3.70
.24/7	1 to 1	168	4.48	5.56
.24/7	2 to 1	336	8.96	11.11

Date :	
Inpatients	11
Trial Leave	1
Total	12

Observations		No of Pts	wte	Hours/week	Hours/day	Headcount per 24hr period	Headcount per Day shift	Headcount per Night shift
Level 1 - General Observations								
Level 1 - General Observations and Therapeutic Interventions	1 to 4	5	6.94	210	30	3.75	1.25	0.00
Level 1 - General Observations (ND only)	1 to 4	6	2.78	84	10.5	1.31	0.44	1.00
Level 2 - Intermittent Observations	1 to 4	0	0.00	0	0		0.00	0.00
Level 3 - Continuous Observations								
3.1 24/7	1 to 1	1	5.56	168	24	3.00	1.00	1.00
3.2 24/7	2 to 1	0	0.00	0	0	0.00	0.00	0.00
3.3 Waking Hours (16 hours/day)	1 to 1	4	14.81	448	64	8.00	2.67	0.00
3.4 Waking Hours (16 hours/day)	2 to 1	1	7.41	224	32	4.00	1.33	0.00
3.5 Activity Related (7 hours/day)	1 to 1	0	0.00	0	0		0.00	0.00
Trial Leave Nursing Support								
Waking Hours (16 hours/day)	1 to 1	0	0.00	0	0	0.00	0.00	0.00
Waking Hours (16 hours/day)	2 to 1	0	0.00	0	0	0.00	0.00	0.00

Night Duty (8 hours/day)	1 to 1	0	0.00	0	0	0.00	0.00	0.00
Night Duty (8 hours/day)	2 to 1	0	0.00	0	0	0.00	0.00	0.00
.24/7	1 to 1	0	0.00	0	0	0.00	0.00	0.00
.24/7	2 to 1	0	0.00	0	0	0.00	0.00	0.00
Total			37.50	1134.00	160.50	20.06	6.69	2.00
							7	2

Nursing Care	Hours per day (24hrs)	Headcount	wte	wte +24%
Registrants Day (13 hours/day)	39	3	7.28	9.03
Registrants Night (11 hours/day)	33	3	6.16	7.64
Total	72		13.44	16.67

Workforce				wte	Headcount Day Shift	Headcount Night Shift
Non Registrant				37.50	7	2
Registrant				16.67	3	3
Total				**54.16**	**10**	**5**

Model for safe staffing Levels - Muckamore Abbey Hospital
Sixmile
Observation calculation tool

	Nursing Ratio	Calculated Hours	wte	wte + 24%
Observations				
Level 1 - General Observations	1 to 4	42	1.12	1.39
Level 1 - General Observations (ND only)	1 to 4	14	0.37	0.46
Level 2 - Intermittent Observations	1 to 4	42	1.12	1.39
Level 3 - Continuous Observations				
3.1 24/7	1 to 1	168	4.48	5.56
3.2 24/7	2 to 1	336	8.96	11.11
3.3 Waking Hours (16 hours/day)	1 to 1	112	2.99	3.70
3.4 Waking Hours (16 hours/day)	2 to 1	224	5.97	7.41
3.5 Activity Related (7 hours/day)	1 to 1	49	1.31	1.62
Trial Leave Nursing Support				
Waking Hours	1 to 1	112	2.99	3.70
Waking Hours	2 to 1	224	5.97	7.41
Night Duty	1 to 1	56	1.49	1.85
Night Duty	2 to 1	112	2.99	3.70
.24/7	1 to 1	168	4.48	5.56
.24/7	2 to 1	336	8.96	11.11

Date :	
Inpatients	14
Trial Leave	1
Total	15

Observations		No of Pts	wte	Hours/week	Hours/day	Headcount per 24hr period	Headcount per Day Shift	Headcount per Night shift
Level 1 - General Observations								
Level 1 - General Observations and Therapeutic Interventions	1 to 4	14	19.44	588	84	10.50	3.50	3.50
Level 1 - General Observations (ND only)	1 to 4	0	0.00	0	0	0.00	0.00	0.00
Level 2 - Intermittent Observations	1 to 4	0	0.00	0	0		0.00	0.00
Level 3 - Continuous Observations								
3.1 24/7	1 to 1	0	0.00	0	0	0.00	0.00	0.00
3.2 24/7	2 to 1	0	0.00	0	0	0.00	0.00	0.00
3.3 Waking Hours (16 hours/day)	1 to 1	0	0.00	0	0	0.00	0.00	0.00
3.4 Waking Hours (16 hours/day)	2 to 1	0	0.00	0	0	0.00	0.00	0.00
3.5 Activity Related (7 hours/day)	1 to 1	0	0.00	0	0		0.00	0.00
Trial Leave Nursing Support								
Waking Hours (16 hours/day)	1 to 1	0	0.00	0	0	0.00	0.00	0.00
Waking Hours (16 hours/day)	2 to 1	0	0.00	0	0	0.00	0.00	0.00

Night Duty (8 hours/day)	1 to 1	0	0.00	0	0	0.00	0.00	0.00
Night Duty (8 hours/day)	2 to 1	0	0.00	0	0	0.00	0.00	0.00
.24/7	1 to 1	0	0.00	0	0	0.00	0.00	0.00
.24/7	2 to 1	0	0.00	0	0	0.00	0.00	0.00
Total		14.00	19.44	588.00	84.00	10.50	3.50	3.50
							4	4

Nursing Care	Hours per day (24hrs)	Headcount	wte	wte +24%
Registrants Day (13 hours/day)	65	5	12.13	15.05
Registrants Night (11 hours/day)	22	2	4.11	5.09
Total	87		16.24	20.14

Workforce				wte	Headcount Day Shift	Headcount Night Shift
Non Registrant				19.44	4	4
Registrant				20.14	5	2
Total				39.58	9	6

Model for safe staffing Levels - Muckamore Abbey Hospital
Erne
Observation calculation tool

	Nursing Ratio	Calculated Hours	wte	wte + 24%
Observations				
Level 1 - General Observations and Therapeutic Interventions	1 to 4	42	1.12	1.39
Level 1 - General Observations (ND only)	1 to 4	14	0.37	0.46
Level 2 - Intermittent Observations	1 to 4	42	1.12	1.39
Level 3 - Continuous Observations				
3.1 24/7	1 to 1	168	4.48	5.56
3.2 24/7	2 to 1	336	8.96	11.11
3.3 Waking Hours (16 hours/day)	1 to 1	112	2.99	3.70
3.4 Waking Hours (16 hours/day)	2 to 1	224	5.97	7.41
3.5 Activity Related (7 hours/day)	1 to 1	49	1.31	1.62
Trial Leave Nursing Support				
Waking Hours	1 to 1	112	2.99	3.70
Waking Hours	2 to 1	224	5.97	7.41
Night Duty	1 to 1	56	1.49	1.85
Night Duty	2 to 1	112	2.99	3.70
.24/7	1 to 1	168	4.48	5.56
.24/7	2 to 1	336	8.96	11.11

Date :	
Inpatients	9
Trial Leave	0
Total	9

Observations		No of Pts	wte	Hours/week	Hours/day	Headcount per 24hr period	Headcount per shift	Headcount per Night shift
Level 1 - General Observation								
Level 1 - General Observations and Therapeutic Interventions	1 to 4	3	4.17	126	18	2.25	0.75	0.75
Level 1 - General Observations (ND only)	1 to 4	6	2.78	84	12	1.50	0.50	1.00
Level 2 - Intermittent Observations	1 to 4	0	0.00	0	0	0.00	0.00	0.00
Level 3 - Continuous Observations								
3.1 24/7	1 to 1	0	0.00	0	0	0.00	0.00	0.00
3.2 24/7	2 to 1	0	0.00	0	0	0.00	0.00	2.00
3.3 Waking Hours (16 hours/day)	1 to 1	2	7.41	224	32	4.00	1.33	0.00
3.4 Waking Hours (16 hours/day)	2 to 1	3	22.22	672	96	12.00	4.00	0.00
3.5 Activity Related (7 hours/day)	1 to 1	1	1.62	49	7	0.88	0.29	0.00
Trial Leave Nursing Support								
Waking Hours (16 hours/day)	1 to 1	0	0.00	0.00	0	0.00	0.00	0.00
Waking Hours (16 hours/day)	2 to 1	0	0.00	0.00	0	0.00	0.00	0.00
Night Duty (8 hours/day)	1 to 1	0	0.00	0.00	0	0.00	0.00	0.00

Night Duty (8 hours/day)	2 to 1	0	0.00	0.00	0	0.00	0.00	0.00
.24/7	1 to 1	0	0.00	0.00	0	0.00	0.00	0.00
.24/7	2 to 1	0	0.00	0.00	0	0.00	0.00	0.00
Total			34.03		147.00	18.38	6.13	1.75
							6	2

Nursing Care - Telford	Hours per day (24hrs)	Headcount	wte	wte +24%
Registrants Day (13 hours/day)	39	3	7.28	9.03
Registrants Night (11 hours/day)	22	2	4.11	5.09
Total	61		11.39	14.12

Workforce				wte	Headcount Day Shift	Headcount Night Shift
Non Registrant				34.03	6	2
Registrant				14.12	3	2
Total				48.15	9	4

Muckamore Abbey Hospital - Summary of Staffing Position
25-May-20

| | | Plan | | | Staff in Post (SIP) | | | | | | | | | | Vacancy (Plan - SIP) | | | Plan v. Staff Available (SA) | | |
| | | | | | Staff Available to Work (takeaway A/L) | | | Sick Leave | | | Maternity Leave | | | | | | | | |
	Reg	Non Reg	Total	Reg	Non Reg	Total	Reg	Non Reg	Total	Reg	Non Reg	Total	Reg	Non Reg	Total	Reg	Non Reg	Total
Cranfield 1	8.96	30.24	39.20	2.65	11.39	14.04	0.00	1.53	1.53	1.00	1.00	2.00	-5.31	-16.32	-21.63	-6.31	-18.85	-25.16
Cranfield 2	8.96	26.88	35.84	3.85	15.79	19.64	1.53	6.38	7.91	0.00	1.00	1.00	-3.58	-3.71	-7.29	-5.11	-11.09	-16.20
Ardmore	8.96	35.47	44.43	4.79	17.6	22.39	0.86	10.74	11.60	1.00	1.00	2.00	-2.31	-6.13	-8.44	-4.17	-17.87	-22.04
Sixmile	16.24	17.92	34.16	5	7.78	12.78	0.00	4.74	4.74	1.00	0.00	1.00	-10.24	-5.40	-15.64	-11.24	-10.14	-21.38
Erne	8.96	38.08	47.04	5.39	11.23	16.62	0.43	6.89	7.32	0.00	0.74	0.74	-3.14	-19.22	-22.36	-3.57	-26.85	-30.42
Total	52.08	148.59	200.67	21.68	63.79	85.47	2.82	30.28	33.10	3.00	3.74	6.74	-24.58	-50.78	-75.36	-30.40	-84.80	-115.20

| | Backfill Agency Block | | | Backfill Other (bank/add hours/OT) | | | Variance after Backfill (SIP) | | | Variance after Backfill (SA) | | | Staff Working Notice | | |
	Reg	Non Reg	Total	Reg	Non Reg	Total	Reg	Non Reg	Total	Reg	Non Reg	Total	Reg	Non Reg	Total
Cranfield 1	8.6	6.7	15.3	0.4	3.34	3.74	3.69	-6.28	-2.59	2.69	-8.81	-6.12	0.00	0.00	0.00
Cranfield 2	13.8	3.49	17.29	0.78	1.92	2.7	11.00	1.70	12.70	9.47	-5.68	3.79	0.00	2.00	2.00
Ardmore	10.02	5.78	15.8	1.51	7.83	9.34	9.22	7.48	16.70	7.36	-4.26	3.10	0.00	0.00	0.00
Sixmile	11.92	6.91	18.83	0.56	2.22	2.78	2.24	3.73	5.97	1.24	-1.01	0.23	0.00	0.00	0.00
Erne	12.02	7.85	19.87	1.07	5.1	6.17	9.95	-6.27	3.68	9.52	-13.90	-4.38	1.00	2.00	3.00
Total	56.36	30.73	87.09	4.32	20.41	24.73	36.10	0.36	36.46	30.28	-33.66	-3.38	1.00	4.00	5.00

Ward	Inpatients	Trial Leave	Total	Plan Nursing wte	Staff Available wte	Backfill Agency Block	Other Backfill	Variance after Backfill	% Backfill
Cranfield 1	9	0	9	39.20	14.04	15.3	3.74	-6.12	84.39
Cranfield 2	8	1	9	35.84	19.64	17.29	2.70	3.79	110.57
Ardmore	10	1	11	44.43	22.39	15.8	9.34	3.10	106.99
Sixmile	12	2	14	34.16	12.78	18.83	2.78	0.23	100.67
Erne	8	1	9	47.04	16.62	19.87	6.17	-4.38	90.69
Total	47	5	52	200.67	85.47	87.09	24.73	-3.38	98.32

Model for safe staffing Levels - Muckamore Abbey Hospital
Cranfield 1
Observation calculation tool

Observations	Nursing Ratio	Hours required over 7 days	wte	wte + 24%
Level 1 - General Observations 24/7	1 to 4	42	1.12	1.39
Level 1 - General Observations (ND only)	1 to 4	14	0.37	0.46
Level 2 - Intermittent Observations	1 to 4	42	1.12	1.39
Level 3 - Continuous Observations				
3.1 24/7	1 to 1	168	4.48	5.56
3.2 24/7	2 to 1	336	8.96	11.11
3.3 Waking Hours (16 hours/day)	1 to 1	112	2.99	3.70
3.4 Waking Hours (16 hours/day)	2 to 1	224	5.97	7.41
3.5 Activity Related (7 hours/day)	1 to 1	49	1.31	1.62
Trial Leave Nursing Support				
Waking Hours	1 to 1	112	2.99	3.70
Waking Hours	2 to 1	224	5.97	7.41
Night Duty	1 to 1	56	1.49	1.85
Night Duty	2 to 1	112	2.99	3.70
.24/7	1 to 1	168	4.48	5.56
.24/7	2 to 1	336	8.96	11.11
General ward duties				
24/7	1	168	4.48	5.56

Date :	
Inpatients	9
Trial Leave	
Total	9

Observations	Nursing Ratio	No of Pts	wte	Hours/week	Hours/day	Headcount per 24hr period	Headcount per Day shift	Headcount per Night shift
Level 1 - General Observations								
Level 1 - General Observations and Therapeutic Interventions	1 to 4	6	6.72	252	36	4.50	1.50	1.50
Level 1 - General Observations (ND only)	1 to 4	1	0.37	14	1.75	0.22	0.07	0.07
Level 2 - Intermittent Observations	1 to 4	4	4.48	168	24	3.00	1.00	
Level 3 - Continuous Observations								
3.1 24/7	1 to 1		0.00	0	0	0.00	0.00	0.00
3.2 24/7	2 to 1	1	8.96	336	48	6.00	2.00	2.00
3.3 Waking Hours (16 hours/day)	1 to 1	1	2.99	112	16	2.00	0.67	
3.4 Waking Hours (16 hours/day)	2 to 1		0.00	0	0	0.00	0.00	
3.5 Activity Related (7 hours/day)	1 to 1		0.00	0	0	0.00	0.00	
Trial Leave Nursing Support			0.00					
Waking Hours (16 hours/day)	1 to 1		0.00	0	0	0.00	0.00	
Waking Hours (16 hours/day)	2 to 1		0.00	0	0	0.00	0.00	
Night Duty (8 hours/day)	1 to 1		0.00	0	0	0.00	0.00	0.00
Night Duty (8 hours/day)	2 to 1		0.00	0	0	0.00	0.00	0.00
.24/7	1 to 1		0.00	0	0	0.00	0.00	0.00
.24/7	2 to 1		0.00	0	0	0.00	0.00	0.00

General ward duties		No of staff						
24/7		1.5	6.72	252.00	36	4.50	1.50	1.50
Total			30.24	1134.00	161.75	20.22	6.74	5.07
							7	5

Nursing Care - Telford These numbers do not include the NIC	Hours	headcount	hours in 24 hour period	wte	wte +24%
Registrants Day (13 hours/day)	13	2	26	4.85	6.02
Registrants Night (11 hours/day)	11	2	22	4.11	5.09
Total		4		8.96	11.11

Workforce				wte	Headcount Day Shift	Headcount Night Shift
Non Registrant				30.24	7	5
Registrant				8.96	2	2
Total				39.20	9	7

Model for safe staffing Levels - Muckamore Abbey Hospital
Cranfield 2
Observation calculation tool

	Nursing Ratio	Calculated Hours	wte	wte + 24%		Date :	
Observations						**Inpatients**	**8**
Level 1 - General Observations	1 to 4	42	1.12	1.39		**Trial Leave**	**1**
Level 1 - General Observations (ND only)	1 to 4	14	0.37	0.46			
Level 2 - Intermittent Observations	1 to 4	42	1.12	1.39		**Total**	**9**
Level 3 - Continuous Observations							
3.1 24/7	1 to 1	168	4.48	5.56			
3.2 24/7	2 to 1	336	8.96	11.11			
3.3 Waking Hours (16 hours/day)	1 to 1	112	2.99	3.70			
3.4 Waking Hours (16 hours/day)	2 to 1	224	5.97	7.41			
3.5 Activity Related (7 hours/day)	1 to 1	49	1.31	1.62			
Trial Leave Nursing Support							
Waking Hours	1 to 1	112	2.99	3.70			
Waking Hours	2 to 1	224	5.97	7.41			
Night Duty	1 to 1	56	1.49	1.85			
Night Duty	2 to 1	112	2.99	3.70			
.24/7	1 to 1	168	4.48	5.56			
.24/7	2 to 1	336	8.96	11.11			
General ward duties							
24/7	1	168	4.48	5.56			

Observations		No of Pts	wte	Hours/week	Hours/day	Headcount per 24hr period	Headcount per Day shift	Headcount per Night shift
Level 1 - General Observations								
Level 1 - General Observations and Therapeutic Interventions	1 to 4	4	4.48	168	24	3.00	1.00	1.00
Level 1 - General Observations (ND only)	1 to 4	3	1.12	42	5.25	0.66	0.22	0.22
Level 2 - Intermittent Observations	1 to 4	1	1.12	42	6		0.00	0.00
Level 3 - Continuous Observations								
3.1 24/7	1 to 1	1	4.48	168	24	3.00	1.00	1.00
3.2 24/7	2 to 1		0.00	0	0	0.00	0.00	0.00
3.3 Waking Hours (16 hours/day)	1 to 1	3	8.96	336	48	6.00	2.00	0.00
3.4 Waking Hours (16 hours/day)	2 to 1		0.00	0	0	0.00	0.00	0.00
3.5 Activity Related (7 hours/day)	1 to 1	0	0.00	0	0		0.00	0.00
Trial Leave Nursing Support								
Waking Hours (16 hours/day)	1 to 1	0	0.00	0	0	0.00	0.00	0.00
Waking Hours (16 hours/day)	2 to 1	0	0.00	0	0	0.00	0.00	0.00
Night Duty (8 hours/day)	1 to 1	0	0.00	0	0	0.00	0.00	0.00
Night Duty (8 hours/day)	2 to 1	0	0.00	0	0	0.00	0.00	0.00
.24/7	1 to 1	0	0.00	0	0	0.00	0.00	0.00
.24/7	2 to 1	0	0.00	0	0	0.00	0.00	0.00
General ward duties		No of staff						
24/7		1.5	6.72	252.00	36	4.50	1.50	1.50

Total			26.88	1008.00	143.25	17.16	5.72	3.72
							6	4

Nursing Care - Telford These numbers do not include the NIC	Hours	headcount	hours in 24 hour period	wte	wte +24%
Registrants Day (13 hours/day)	13	2	26	4.85	6.02
Registrants Night (11 hours/day)	11	2	22	4.11	5.09
Total		4		8.96	11.11

Workforce				wte	Headcount Day Shift	Headcount Night Shift
Non Registrant				26.88	6	4
Registrant				8.96	2	2
Total				35.84	**8**	**6**

Model for safe staffing Levels - Muckamore Abbey Hospital
Ardmore
Observation calculation tool

	Nursing Ratio	Calculated Hours	wte	wte + 24%		Date :	
Observations						**Inpatients**	**10**
Level 1 - General Observations	1 to 4	42	1.12	1.39		**Trial Leave**	**1**
Level 1 - General Observations (ND only)	1 to 4	14	0.37	0.46			
Level 2 - Intermittent Observations	1 to 4	42	1.12	1.39		**Total**	**11**
Level 3 - Continuous Observations							
3.1 24/7	1 to 1	168	4.48	5.56			
3.2 24/7	2 to 1	336	8.96	11.11			
3.3 Waking Hours (16 hours/day)	1 to 1	112	2.99	3.70			
3.4 Waking Hours (16 hours/day)	2 to 1	224	5.97	7.41			
3.5 Activity Related (7 hours/day)	1 to 1	49	1.31	1.62			
Trial Leave Nursing Support							
Waking Hours	1 to 1	112	2.99	3.70			
Waking Hours	2 to 1	224	5.97	7.41			
Night Duty	1 to 1	56	1.49	1.85			
Night Duty	2 to 1	112	2.99	3.70			
.24/7	1 to 1	168	4.48	5.56			
.24/7	2 to 1	336	8.96	11.11			
General ward duties							
24/7	1	168	4.48	5.56			

Observations		No of Pts	wte	Hours/week	Hours/day	Headcount per 24hr period	Headcount per Day shift	Headcount per Night shift
Level 1 - General Observations								
Level 1 - General Observations and Therapeutic Interventions	1 to 4	3	3.36	126	18	2.25	0.75	0.75
Level 1 - General Observations (ND only)	1 to 4	2	0.75	28	3.5	0.44	0.15	0.15
Level 2 - Intermittent Observations	1 to 4	0	0.00	0	0		0.00	0.00
Level 3 - Continuous Observations								
3.1 24/7	1 to 1	3	13.44	504	72	9.00	3.00	3.00
3.2 24/7	2 to 1	2	17.92	672	96	12.00	4.00	4.00
3.3 Waking Hours (16 hours/day)	1 to 1		0.00	0	0	0.00	0.00	
3.4 Waking Hours (16 hours/day)	2 to 1		0.00	0	0	0.00	0.00	
3.5 Activity Related (7 hours/day)	1 to 1	0	0.00	0	0		0.00	
Trial Leave Nursing Support								
Waking Hours (16 hours/day)	1 to 1		0.00	0	0	0.00	0.00	

Waking Hours (16 hours/day)	2 to 1		0.00	0	0	0.00	0.00	
Night Duty (8 hours/day)	1 to 1	0	0.00	0	0	0.00	0.00	0.00
Night Duty (8 hours/day)	2 to 1	0	0.00	0	0	0.00	0.00	0.00
.24/7	1 to 1	0	0.00	0	0	0.00	0.00	0.00
.24/7	2 to 1	0	0.00	0	0	0.00	0.00	0.00
General ward duties		No of staff						
24/7			0.00	0.00	0	0.00	0.00	0.00
Total			35.47	1330.00	189.50	23.69	7.90	7.90
							8	8

Nursing Care - Telford These numbers do not include the NIC	Hours	headcount	in 24 hour	wte	wte +24%
Registrants Day (13 hours/day)	13	2	26	4.85	6.02
Registrants Night (11 hours/day)	11	2	22	4.11	5.09
Total		4		8.96	11.11

Workforce				wte	Headcount Day Shift	Headcount Night Shift
Non Registrant				35.47	8	8
Registrant				8.96	2	2
Total				**44.43**	**10**	**10**

Model for safe staffing Levels - Muckamore Abbey Hospital
Sixmile
Observation calculation tool

	Nursing Ratio	Calculated Hours	wte	wte + 24%		
Observations					**Date :**	
Level 1 - General Observations	1 to 4	42	1.12	1.39	**Inpatients**	12
Level 1 - General Observations (ND only)	1 to 4	14	0.37	0.46	**Trial Leave**	2
Level 2 - Intermittent Observations	1 to 4	42	1.12	1.39		
Level 3 - Continuous Observations					**Total**	14
3.1 24/7	1 to 1	168	4.48	5.56		
3.2 24/7	2 to 1	336	8.96	11.11		
3.3 Waking Hours (16 hours/day)	1 to 1	112	2.99	3.70		
3.4 Waking Hours (16 hours/day)	2 to 1	224	5.97	7.41		
3.5 Activity Related (7 hours/day)	1 to 1	49	1.31	1.62		
Trial Leave Nursing Support						
Waking Hours	1 to 1	112	2.99	3.70		
Waking Hours	2 to 1	224	5.97	7.41		
Night Duty	1 to 1	56	1.49	1.85		
Night Duty	2 to 1	112	2.99	3.70		
.24/7	1 to 1	168	4.48	5.56		
.24/7	2 to 1	336	8.96	11.11		
General ward duties						
24/7	1	168	4.48	5.56		

Observations		No of Pts	wte	Hours/week	Hours/day	Headcount per 24hr period	Headcount per Day Shift	Headcount per Night shift
Level 1 - General Observations								
Level 1 - General Observations and Therapeutic Interventions	1 to 4	12	13.44	504	72	9.00	3.00	3.00
Level 1 - General Observations (ND only)	1 to 4	0	0.00	0	0	0.00	0.00	0.00
Level 2 - Intermittent Observations	1 to 4	0	0.00	0	0		0.00	0.00
Level 3 - Continuous Observations								
3.1 24/7	1 to 1	0	0.00	0	0	0.00	0.00	0.00
3.2 24/7	2 to 1	0	0.00	0	0	0.00	0.00	0.00
3.3 Waking Hours (16 hours/day)	1 to 1	0	0.00	0	0	0.00	0.00	
3.4 Waking Hours (16 hours/day)	2 to 1	0	0.00	0	0	0.00	0.00	
3.5 Activity Related (7 hours/day)	1 to 1	0	0.00	0	0		0.00	
Trial Leave Nursing Support								
Waking Hours (16 hours/day)	1 to 1	0	0.00	0	0	0.00	0.00	

Waking Hours (16 hours/day)	2 to 1	0	0.00	0	0	0.00	0.00	
Night Duty (8 hours/day)	1 to 1	0	0.00	0	0	0.00	0.00	0.00
Night Duty (8 hours/day)	2 to 1	0	0.00	0	0	0.00	0.00	0.00
.24/7	1 to 1	0	0.00	0	0	0.00	0.00	0.00
.24/7	2 to 1	0	0.00	0	0	0.00	0.00	0.00
General ward duties		No of staff						
24/7		1	4.48	168.00	24.00	3.00	1.00	1.00
Total			17.92	672.00	96.00	12.00	4.00	4.00
							4	4

Nursing Care - Telford These numbers do not include the NIC	Hours	headcount	24 hou	wte	wte +24%
Registrants Day (13 hours/day)	13	5	65	12.13	15.05
Registrants Night (11 hours/day)	11	2	22	4.11	5.09
Total		7		16.24	20.14

Workforce				wte	Headcount Day Shift	Headcount Night Shift
Non Registrant				17.92	4	4
Registrant				16.24	5	2
Total				**34.16**	**9**	**6**

Model for safe staffing Levels - Muckamore Abbey Hospital
Erne
Observation calculation tool

	Nursing Ratio	Calculated Hours	wte	wte + 24%		Date :	
Observations						Inpatients	8
Level 1 - General Observations and Therapeutic Interventions	1 to 4	42	1.12	1.39		Trial Leave	1
Level 1 - General Observations (ND only)	1 to 4	14	0.37	0.46			
Level 2 - Intermittent Observations	1 to 4	42	1.12	1.39		Total	9
Level 3 - Continuous Observations							
3.1 24/7	1 to 1	168	4.48	5.56			
3.2 24/7	2 to 1	336	8.96	11.11			
3.3 Waking Hours (16 hours/day)	1 to 1	112	2.99	3.70			
3.4 Waking Hours (16 hours/day)	2 to 1	224	5.97	7.41			
3.5 Activity Related (7 hours/day)	1 to 1	49	1.31	1.62			
Trial Leave Nursing Support							
Waking Hours	1 to 1	112	2.99	3.70			
Waking Hours	2 to 1	224	5.97	7.41			
Night Duty	1 to 1	56	1.49	1.85			
Night Duty	2 to 1	112	2.99	3.70			
.24/7	1 to 1	168	4.48	5.56			
.24/7	2 to 1	336	8.96	11.11			
General ward duties							
24/7	1	168	4.48	5.56			

Observations		No of Pts	wte	Hours/week	Hours/day	Headcount per 24hr period	Headcount per shift	Headcount per Night shift
Level 1 - General Observation								
Level 1 - General Observations and Therapeutic Interventions	1 to 4	1	1.12	42	6	0.75	0.25	0.25
Level 1 - General Observations (ND only)	1 to 4	4	1.49	56	8	1.00	0.33	0.33
Level 2 - Intermittent Observations	1 to 4	0	0.00	0	0	0.00	0.00	0.00
Level 3 - Continuous Observations								
3.1 24/7	1 to 1	1	4.48	168	24	3.00	1.00	1.00
3.2 24/7	2 to 1	2	17.92	672	96	12.00	4.00	4.00
3.3 Waking Hours (16 hours/day)	1 to 1	4	11.95	448	64	8.00	2.67	0.00
3.4 Waking Hours (16 hours/day)	2 to 1		0.00	0	0	0.00	0.00	0.00
3.5 Activity Related (7 hours/day)	1 to 1		0.00	0	0	0.00	0.00	0.00
Trial Leave Nursing Support								
Waking Hours (16 hours/day)	1 to 1	0	0.00	0.00	0	0.00	0.00	0.00
Waking Hours (16 hours/day)	2 to 1	0	0.00	0.00	0	0.00	0.00	0.00
Night Duty (8 hours/day)	1 to 1	0	0.00	0.00	0	0.00	0.00	0.00
Night Duty (8 hours/day)	2 to 1	0	0.00	0.00	0	0.00	0.00	0.00
.24/7	1 to 1	0	0.00	0.00	0	0.00	0.00	0.00
.24/7	2 to 1	0	0.00	0.00	0	0.00	0.00	0.00
General ward duties	No of staff							
24/7		0.5	2.24	84.00	12	1.50	0.50	0.50
Total			38.08	1428.00	204.00	25.50	8.50	5.83
							9	6

Nursing Care - Telford These numbers do not include the NIC	Hours	headcount	rs in 24 hour pe	wte	wte +24%
Registrants Day (13 hours/day)	13	2	26	4.85	6.02
Registrants Night (11 hours/day)	11	2	22	4.11	5.09
Total		4		8.96	11.11

1

Workforce				wte	Headcount Day Shift	Headcount Night Shift
Non Registrant				38.08	9	6
Registrant				8.96	2	2
Total				47.04	**11**	**8**

The Regulation and **Quality Improvement Authority**

Assurance, Challenge and Improvement in Health and Social Care

Our ref: IN000004 / IN000005

19 December 2019

Private and Confidential

Mr Martin Dillon
Chief Executive
Belfast Health and Social Care Trust
Trust Headquarters
Belfast City Hospital
51 Lisburn Road
BELFAST
BT9 7AB

Dear Mr Dillon *Martin*

Improvement Notices – Extension of Timescale

Belfast Health and Social Care Trust, Muckamore Abbey Hospital (RQIA ID: 020426)

IN Ref: IN000004 / IN000005

The Regulation and Quality Improvement Authority (RQIA) issued two Improvement Notices to you on 16 August 2019 in respect of failures to comply with a statement of minimum standards in relation to Financial Governance and Safeguarding Practices.

The date by which the necessary improvements to achieve compliance with the actions outlined in the Improvement Notices expired on 15 November 2019. We carried out an unannounced inspection of Muckamore Abbey Hospital from 10 to 12 December 2019. Having reviewed and considered the findings of our inspection, additional information received following our inspection and discussions with Senior Trust Representatives, we have made the following determinations:

IN Ref: **IN000004 – Financial Governance**

Our multidisciplinary inspection team evidenced significant improvements in relation to the effective management and oversight of patients finances. A new Trust policy and procedure has been implemented. Staff are aware of the new policy and related procedures, and all appropriate staff have received training relevant to their role with respect to the management of patient finances.

We determined that Trust staff now have a clear understanding of their roles and responsibilities with respect to patient finances at ward level, at managerial level and at a governance level within the Trust.

9th Floor, Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

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twitter: @RQIANews

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We evidenced that decisions relating to patient finances are now being made on an individual and supportive basis and in consultation with both patients and their next of kin, best interests decision making was evident.

We determined at this time that the Trust is discharging its responsibilities, on patients' behalf, in accordance with Articles 107 and 116 of The Mental Health (Northern Ireland) Order 1986.

We noted that a full audit of the arrangements for financial controls relating to the care and treatment of patients is planned for February 2020. Arrangements for this audit were confirmed through our review of Trust's internal audit schedule and our discussion with Senior Trust Representatives. We were advised that the audit of financial governance throughout MAH is scheduled for completion by 29 February 2019. The Trust has agreed to share the findings of this audit with RQIA upon its completion.

As a result of the improvements identified, RQIA determined to lift all elements of the Improvement Notice relating to Financial Governance in MAH except for the action relating to the above audit – specifically *that there is a comprehensive audit of all financial controls relating to patients receiving care and treatment in Muckamore Abbey Hospital'*. This element of the Improvement Notice will be extended for three months to enable full completion and reporting of the aforementioned audit.

IN Ref: **IN000005 Adult Safeguarding**

Our multidisciplinary inspection team evidenced significant improvements in relation to the adult safeguarding arrangements in Muckamore Abbey Hospital.

We determined that there was effective deployment of safeguarding referrals, implementation of learning arising through safeguarding investigations and that outcomes from safeguarding investigations were positively impacting patient well-being.

There was evidence of good multidisciplinary working between professional staff in regard to the safeguarding arrangements in place and meaningful implementation of protection plans was being achieved. The quality and timeliness of information on safeguarding concerns being shared with relevant stakeholders was improving and we were assured that the service improvements outlined had been developed through meaningful engagement with patients, carers and staff.

We determined that Trust staff now have a clear understanding of their roles and responsibilities with respect to safeguarding practices at ward level, at managerial level and at a governance level within the Trust.

We noted that auditing of the current processes has commenced and that the Trust has a robust action plan to continue to develop your assurance processes in this regard.

As a result of the improvements identified, RQIA determined to lift all elements of the Improvement Notice relating to Adult Safeguarding in MAH except for the action to *'Implement effective mechanisms to evidence and assure its compliance with good practice in respect of adult safeguarding across the hospital'*. This element of the Improvement Notice will be extended for three months to enable the Trust to embed improvements across the safeguarding arrangements in MAH and to ensure current systems/processes are robust.

In accordance with Article 39 of the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, we have determined we will extend Improvement Notices IN000004 and IN000005 for a period of three months.

RQIA requires that the necessary improvements outlined in the extended Improvement Notices are implemented by you within the advised timescales, in order to ensure full compliance with these standards. Should you decide that compliance with improvements outlined in these Improvement Notices has been achieved before the due date, you should inform us and we will consider this information.

You may make formal representation to RQIA with regard to these Improvement Notices by writing to the Chief Executive using the template provided, within one calendar month of receipt of the notice, stating the precise reasons for making the representation.

You are deemed to have received these Improvement Notices on the next working day after the date of posting or on the day you received this correspondence by electronic delivery.

A copy of the Improvement Notices will be forwarded to all relevant stakeholders and RQIA's Communication Manager on the day of issue, for posting on the enforcement pages on RQIA's website www.rqia.org.uk

Once full compliance has been achieved the relevant Improvement Notices will be removed from our 'Current Enforcement Activity' webpage and a clear statement of compliance will be placed on our website. We will retain a record of past enforcement activity, in line with our established retention schedules.

If you require any further information regarding this correspondence please contact Lynn Long, Assistant Director, Improvement Directorate, on 028 9536 1918.

Yours sincerely

pp Dr Nowola Geoghegan

Olive Macleod OBE
Chief Executive

Enc

cc   Dr Lourda Geoghegan, Director of Improvement and Medical Director
Lynn Long, Assistant Director

**The Regulation and
Quality Improvement
Authority**

Our ref: IN000003

19 December 2019

Assurance, Challenge and Improvement
in Health and Social Care

Private and Confidential

Mr Martin Dillon
Chief Executive
Belfast Health and Social Care Trust
Trust Headquarters
Belfast City Hospital
51 Lisburn Road
Belfast
BT9 7AB

Dear Mr Dillon

Improvement Notice – Compliance

**Belfast Health and Social Care Trust, Muckamore Abbey Hospital
(RQIA ID: 020426)**

IN Ref: IN000003

The Regulation and Quality Improvement Authority (RQIA) issued an
Improvement Notice to you on 16 August 2019, in respect to a failure to comply
with a statement of minimum standards in relation to Staffing at Muckamore
Abbey Hospital.

The Improvement Notice specified the failings to comply with the statement of
minimum standards, improvements necessary to achieve compliance and the
timescales within which they should be made.

The date by which the necessary improvements to achieve compliance with the
actions outlined in the Improvement Notice expired on 15 November 2019. We
carried out an unannounced inspection of Muckamore Abbey Hospital from 10 to
12 December 2019. During this inspection we determined that significant
progress has been made with respect to staffing at the Muckamore Abbey
Hospital site. We determined that the required model of staffing at Muckamore
Abbey Hospital has been mapped out and defined, that there are effective
escalation arrangements and that a robust action plan to continue to manage
staffing at the site was in place.

We determined that all of the improvements necessary to achieve compliance
with the actions outlined in the Improvement Notice have been achieved. We
would like to take this opportunity to thank you for your continued commitment to

9th Floor, Riverside Tower
5 Lanyon Place
Belfast
BT1 3BT

tel: 028 9536 1111
email: info@rqia.org.uk
web: www.rqia.org.uk
twitter: @RQIANews

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Muckamore Abbey Hospital and commend the current clinical and management team for the significant work that they have undertaken in this area.

The Improvement Notice will be removed from the current enforcement activity page of RQIA's website and replaced with a clear statement of compliance.
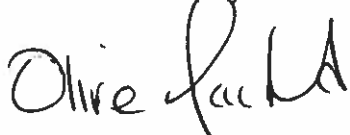
The relevant stakeholders will be informed of the outcome of RQIA's assessment of compliance.

As the Trust's Chief Executive you are required to ensure continued compliance with legislative requirements and minimum standards.

If you require any further information please contact Lynn Long, Assistant Director, Improvement Directorate on 028 9536 1918.

Thank you for your cooperation throughout this process.

Yours sincerely

Olive Macleod OBE
Chief Executive

cc: Dr Lourda Geoghegan, Director of Improvement and Medical Director
        Lynn Long, Assistant Director

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY (RQIA)

IMPROVEMENT NOTICE PURSUANT TO ARTICLE 39 OF THE HEALTH and PERSONAL SOCIAL SERVICES (QUALITY IMPROVEMENT and REGULATION) (NORTHERN IRELAND) ORDER 2003

IN Ref No: IN000004E	Issue Date: 16 August 2019
Health and Social Care Trust: Belfast Health and Social Care Trust (RQIA ID: 020426)	Belfast Health and Social Care Trust Trust Headquarters A Floor Belfast City Hospital 51 Lisburn Road Belfast BT9 7AB

Responsible Person: Mr Martin Dillon, Chief Executive

STATEMENT OF MINIMUM STANDARDS

The Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS (March 2006).

Standard 4.1:

The HPSS is responsible and accountable for assuring the quality of services that it commissions and provides to both the public and its staff. Integral to that is effective leadership and clear lines of professional and organisational accountability.

Standard 5.1:

Safe and effective care is provided by the HPSS to those service users who require treatment and care. Treatment or services, which have been shown not to be of benefit, following evaluation, should not be provided or commissioned by the HPSS.

Failure to Comply

4.3 Criteria

The organisation:

(f) *ensures financial management achieves economy, effectiveness, efficiency and probity and accountability in the use of resources;*
(g) *has systems in place to ensure compliance with relevant legislative requirements;*
(h) *ensures effective systems are in place to discharge, monitor and report on its responsibilities in relation to delegated statutory functions and in*

relation to inter-agency working;

(i) undertakes systematic risk assessment and risk management of all areas of its work.

5.3 Criteria

5.3.1 Ensuring Safe Practice and Appropriate Management of Risk

The organisation:

(c) has policies and procedures in place to identify and protect children, young people and vulnerable adults from harm and to promote and safeguard their rights in general;

Specific failings to comply with the statement of minimum standard:

An Improvement Notice was issued to The Belfast Health and Social Care Trust (the Trust) on 16 August 2019. The Improvement Notice was issued as a result of the Trust failing to ensure a robust financial governance framework was in place for the effective management of patients' finances within Muckamore Abbey Hospital (MAH) as identified during inspections to MAH in February, April and July 2019.

Following the issue of the Improvement Notice we met with representatives from the Trust on 2 October 2019 to receive an update regarding progress towards compliance with the actions outlined in the Improvement Notice issued on 16 August 2019. The information shared with RQIA during this meeting provided assurances that the Trust understood its responsibilities with respect to patient finances and had a programme of work in place to address requirements as set out in the Improvement Notice.

We undertook an unannounced inspection of MAH from 10 to 12 December 2019. Our multidisciplinary inspection team evidenced significant improvements in relation to the effective management and oversight of patients finances. A new Trust policy and procedure has been implemented. Staff are aware of the new policy and related procedures, and all appropriate staff have received training relevant to their role with respect to the management of patient finances.

We determined that Trust staff now have a clear understanding of their roles and responsibilities with respect to patient finances at ward level, at managerial level and at a governance level within the Trust.

We evidenced that decisions relating to patient finances are now being made on an individual and supportive basis and in consultation with both patients and their next of kin, best interests decision making was evident.

We determined at this time that the Trust is discharging its responsibilities,

on patients' behalf, in accordance with Articles 107 and 116 of The Mental Health (Northern Ireland) Order 1986.

We noted that a full audit of the arrangements for financial controls relating to the care and treatment of patients is planned for February 2020. Arrangements for this audit were confirmed through our review of Trust's internal audit schedule and our discussion with Senior Trust Representatives.

We were advised that the audit of financial governance throughout MAH is scheduled for completion by 29 February 2019. The Trust has agreed to share the findings of this audit with RQIA upon its completion.

As a result of the improvements identified, RQIA determined to lift all elements of the Improvement Notice relating to financial governance except for the action relating to the above audit – specifically *'that there is a comprehensive audit of all financial controls relating to patients receiving care and treatment in Muckamore Abbey Hospital'*. This element of the Improvement Notice will be extended for three months to enable full completion and reporting of the aforementioned audit.

Improvements necessary to achieve compliance:

The Belfast Health and Social Care Trust Board, Chief Executive and Executive Team must ensure:

- That there is a comprehensive audit of all financial controls relating to patients receiving care and treatment in Muckamore Abbey Hospital.

Date by which compliance must be achieved: 19 March 2020

Signed... Dr Pamela Geoghegan ....

Director of Improvement and Medical Director

This notice is served under Article 38 and 39 of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Department of Health, Social Services and Public Safety, Quality Standards for Health and Social Care (March 2006).

It should be noted that failure to comply with the measures identified in this Improvement Notice may result in further enforcement action by RQIA.

THE REGULATION AND QUALITY IMPROVEMENT AUTHORITY (RQIA)

IMPROVEMENT NOTICE

IN Ref No: IN000005E	**Issue Date:** 16 August 2019
Health and Social Care Trust: Belfast Health and Social Care Trust (RQIA ID: 020426)	Belfast Health and Social Care Trust Trust Headquarters A Floor Belfast City Hospital 51 Lisburn Road Belfast BT9 7AB

Responsible Person: Mr Martin Dillon, Chief Executive

STATEMENTS OF MINIMUM STANDARDS

The Quality Standards for Health and Social Care: Supporting Good Governance and Best Practice in the HPSS (March 2006).

Standard 5.1

Safe and effective care is provided by the HPSS to those service users who require treatment and care. Treatment or services, which have been shown not to be of benefit, following evaluation, should not be provided or commissioned by the HPSS.

Failure to Comply:

5.3 Criteria

5.3.1 Ensuring Safe Practice and the Appropriate Management of Risk

The organisation:

(a) *has effective person-centred assessment, care planning and review systems in place, which include risk assessment and risk management processes and appropriate interagency approaches;*
(c) *has policies and procedures in place to identify and protect children, young people and vulnerable adults from harm and to promote and safeguard their rights in general.*

Specific failings to comply with the statement of minimum standard:

An Improvement Notice was issued to The Belfast Health and Social Care Trust (the Trust) on 16 August 2019. The Improvement Notice was issued as a result of the Trust failing to ensure and evidence effective safeguarding arrangements are implemented and assured within Muckamore Abbey Hospital (MAH) as identified

during inspections in February and April 2019.

Following the issue of the Improvement Notice we met with representatives from the Trust on 2 October 2019 to receive an update regarding progress towards compliance with the actions outlined in the Improvement Notice issued on 16 August 2019. The information shared with RQIA during this meeting provided assurances that the Trust understood its responsibilities with respect to adult safeguarding practices in MAH and had a programme of work in place to address requirements set out in the Improvement Notice.

We undertook an unannounced inspection of MAH from 10 to 12 December 2019. Our inspection team evidenced significant improvements in relation to adult safeguarding in MAH. We determined that there was effective deployment of safeguarding referrals, implementation of learning arising through safeguarding investigations and that outcomes from safeguarding investigations were positively impacting patient well-being.

There was evidence of good multidisciplinary working between professional staff in regard to the safeguarding arrangements in place and meaningful implementation of protection plans was being achieved. The quality and timeliness of information on safeguarding concerns being shared with relevant stakeholders was improving and we were assured that the service improvements outlined had been developed through meaningful engagement with patients, carers and staff.

We determined that Trust staff now have a clear understanding of their roles and responsibilities with respect to safeguarding practices at ward level, at managerial level and at a governance level within the Trust.

We noted that auditing of the current processes has commenced and that the Trust has a robust action plan to continue to develop their assurance processes in this regard.

As a result of the improvements identified, RQIA determined to lift all elements of the Improvement Notice relating to adult safeguarding in MAH except for the action to 'Implement effective mechanisms to evidence and assure its compliance with good practice in respect of adult safeguarding across the hospital'. This element of the Improvement Notice will be extended for three months to enable the Trust to embed improvements across the safeguarding arrangements in MAH and to ensure current systems/processes are robust.

Improvements necessary to achieve compliance:

The Belfast Health and Social Care Trust Board, Chief Executive and Executive Team must:

- Implement effective mechanisms to evidence and assure its compliance with good practice in respect of adult safeguarding across the hospital.

Date by which compliance must be achieved: 19 March 2020

Signed....Dr....Lowrde....Geoghegan..........

Director of Improvement and Medical Director

This notice is served under Article 38 and 39 of The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 and The Department of Health, Social Services and Public Safety, Quality Standards for Health and Social Care (March 2006).

It should be noted that failure to comply with the measures identified in this Improvement Notice may result in further enforcement action by RQIA.

Muckamore Abbey Hospital Weekly Safety Report 47
For Chair / Co-D Sign-off – 06/02/2020 - Draft V0.1

HSC Belfast Health and Social Care Trust
caring supporting improving together

| Date:	Information w/e Wednesday 05/02/2020
Lead:	Dr Joanna Dougherty
Email:	RO1
Tel:	RO1
Alternative contact:	Gillian Traub
Email:	RO1
Tel:	RO1
Weekly Report Number - 47	

1) Key Patient Activity Issues

1.1 MAH Inpatient Numbers

The number of patients in residence at 5 February 2020 has increased from 50 to 51 due to a failed resettlement (BHSCT) on 5 February, and the number of patients on trial resettlement has consequently dropped to 4.
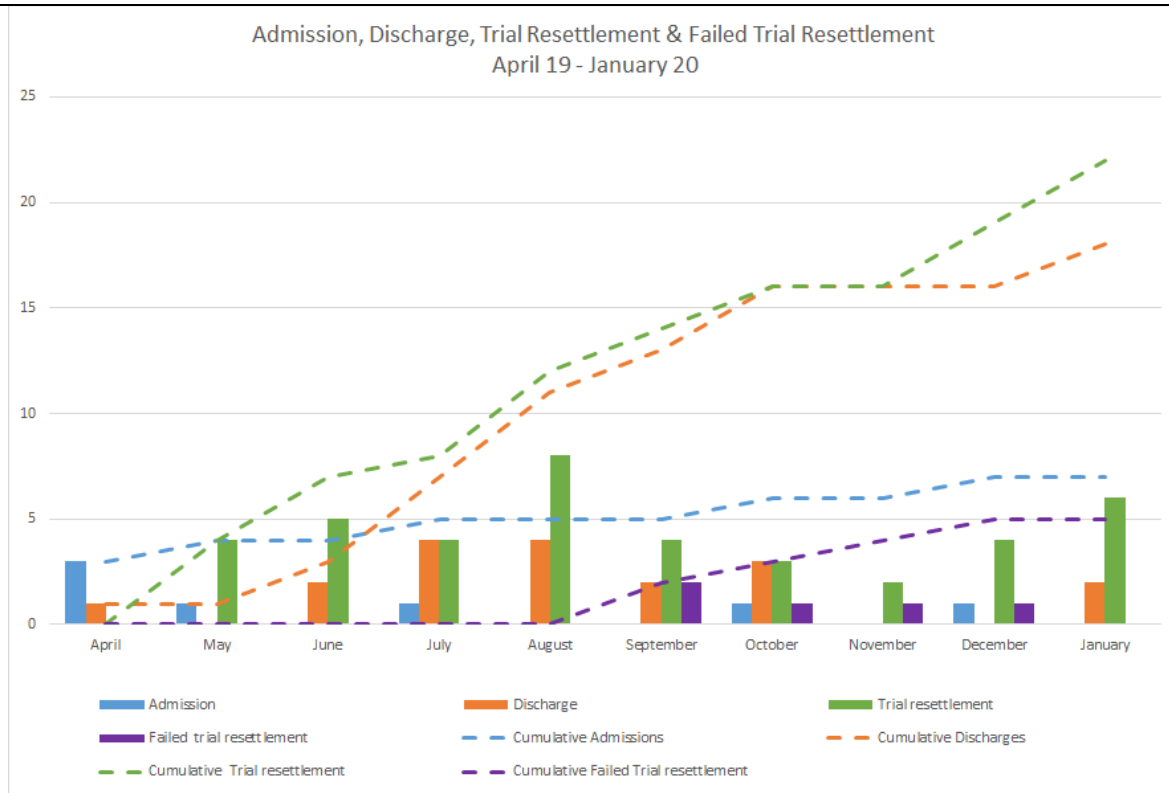
The graph below displays the number of inpatients resident in Muckamore Abbey Hospital in the last 6-month period, as well as the number of patients on trial resettlement.

MAH -Bed usage total by week 07/07/19 - 05/02/20
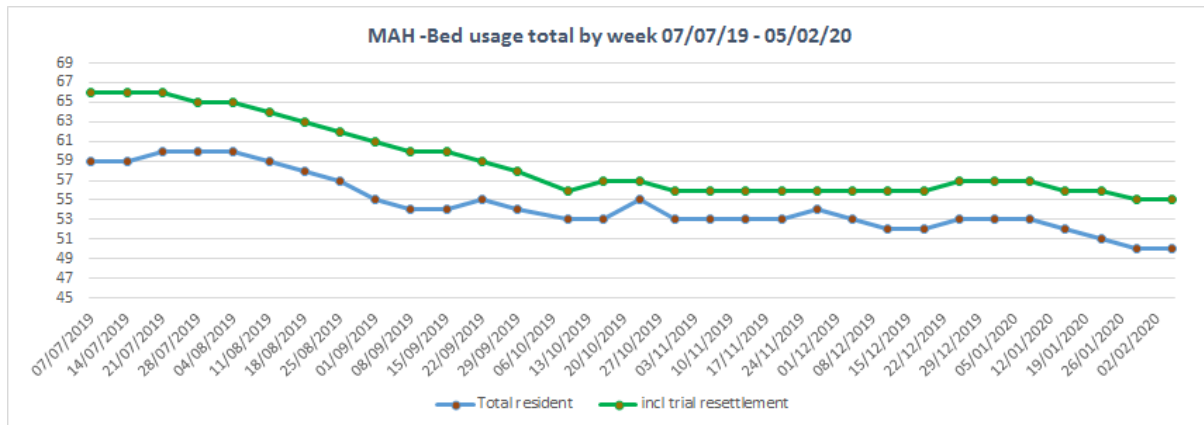
1.2 Monthly MAH Admissions, Trial Resettlements and Discharges

The graph below plots the monthly, and year to date, number of patients admitted, discharged, on trial resettlement or having returned from an unsuccessful trial resettlement.

Muckamore Abbey Hospital Weekly Safety Report 47
For Chair / Co-D Sign-off – 06/02/2020 - Draft V0.1

Admission: admitted during month	**Discharge**: discharged during month
Trial resettlement: on TR on last day of month (not included if discharged/failed trial resettlement during the month)	
Failed TR: Returned to MAH during the month	
Cumulative Trial resettlements: Number of actual patients	**Cumulative failed TR**: Number of actual patients

1.4 Failure Rate of Resettlement – 2019/20 Year To Date

The table below shows the failure rate of resettlement from 1st April 2019 to date. This has been calculated by excluding the patients who are currently in trial resettlement. For example, the BHSCT failure rate has been calculated using a denominator of 8 completed resettlements, of which 2 have failed.

It is important that these figures are updated regularly and shared across Trusts and in the Department of Health to ensure consistency of message. The regional position is a 36% failure rate.

	2019/20 Year To Date			
	Successful Resettlement - patient discharged	**Failed Resettlement** - patient returned to MAH	**Ongoing Resettlement**	**Failure Rate**
BHSCT	6	2	3	**25%**
NHSCT	6	3	0	**33%**
SEHSCT	1	0	1	**0%**
WHSCT	1	0	0	**0%**
Total	14	5	4	**36%**

Muckamore Abbey Hospital Weekly Safety Report 47
For Chair / Co-D Sign-off – 06/02/2020 - Draft V0.1

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(2) Progress on Review of CCTV - Historic Safeguarding Issues

Figures for completed viewing of historic CCTV are correct as at **5 February 2020** and relate to the hours viewed by location :

PICU- 100%
Cranfield 1- 82%
Cranfield 2- 56%
Sixmile Assessment- 88%
Sixmile Treatment- 47%
Overall – 71%

Please note - these figures relate to first viewing of wards only and do not account for the second viewing process which involves screening incidents to determine if a referral is required to be sent to PSNI.
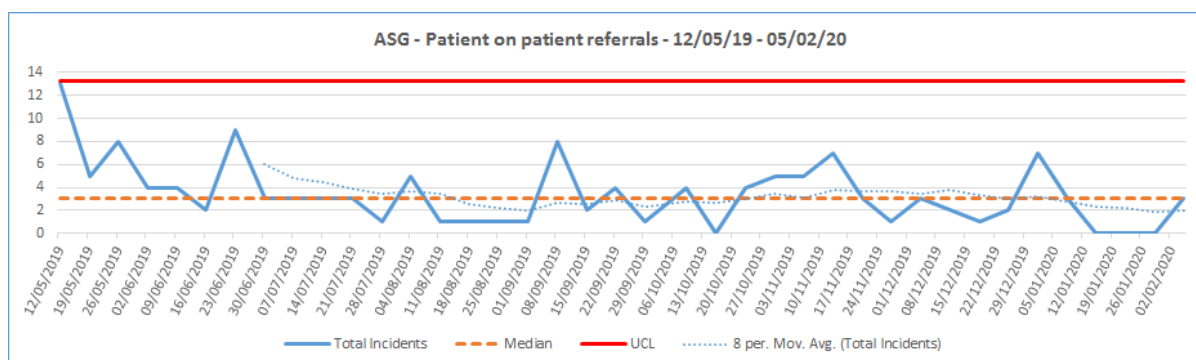
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(3) Current Safeguarding Referrals

3.1. Patient on Patient Adult Safeguarding Referrals – 30 January 2020 to 5 February 2020

There were three patient on patient referrals reported during the period :

05/02/2020

Location	Victim	Date	Time band	ASP1	DAPO	Outcome	Type
CF 1	1	31/01/2020	4-8pm	same day	+3 days	ASGR(PP)	Physical
ARDMORE	2	01/02/2020	nr	+3 days	+1 day	ASGR(PP)	Physical
ARDMORE	3	01/02/2020	nr	+3 days	+1 day	ASGR(PP)	Physical

Trend Analysis for Patient on Patient ASG Referrals, April 2019 to date :

ASG - Patient on patient referrals - 12/05/19 - 05/02/20

3.2 Staff on Patient Adult Safeguarding Referrals – 30 January 2020 to 5 February 2020

There were no staff on patient referrals reported for the period. However, 2 incidents from w/e 31 January 2020 were reported during the period. These arose from the contemporaneous CCTV viewing process :

Location	Victim	Date	Time	ASP1	DAPO	Outcome	Type
ERNE	1	25/01/2020	15:56	+12 days	same day	ASGR(PP)	Physical
ERNE	2	25/01/2020	15:56	+12 days	same day	ASGR(PP)	Physical

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

4.1 Incidents

Incident reporting relates to the period week ending 29 January 2020, as approved at 5 February 2020.
A total of **55** incidents was recorded of which **14** across all wards / areas remain unapproved.

This analysis covers the **41** approved incidents. The following table shows approval status by ward / location of incident:

Approval status 23/01/20 - 29/01/20 (app. 05/02/2020)	Ardmore	CF 1	CF 2	Erne 1	Sixmile A	Moyola Day Care	General walkways, grounds etc	Total
Unapproved, not viewed	**13**	**0**	**0**	**0**	**0**	**0**	**0**	**13**
Unapproved, viewed	**1**	**0**	**0**	**0**	**0**	**0**	**0**	**1**
Approved, investigation ongoing	1	4	0	0	0	0	0	5
Approved, investigation complete	14	6	2	6	5	2	1	36
Total	**29**	**10**	**2**	**6**	**5**	**2**	**1**	**55**

The chart below shows incidents recorded on Datix from 17 March 2019 to date.

MAH - Total incidents recorded on Datix and total unapproved at report date - weekly trend - 17/03/19 - 29/01/20
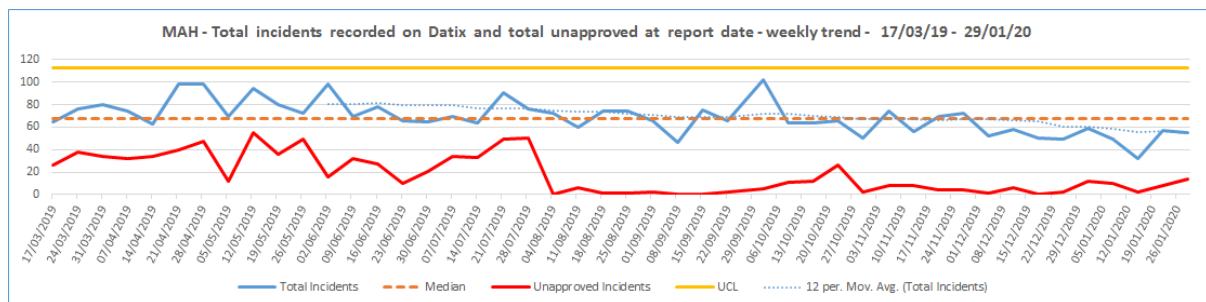
The 12-point moving average demonstrates a reduction from 80 incidents weekly to under 60 incidents weekly over the period June 2019-Jan 2020.

Only the **41** 'approved' incidents can be further categorised by **those affected in the incident, by severity, by day of the week and by category/ type of incident.**

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a) Those Affected

Those affected 23/01/20 - 29/01/20 (app. 05/02/2020)	Organ-isational	Patient	Staff/ Contractor / Vendor	Total
Actual self harm	0	2	0	2
Contact with Sharps - Clean non-medical sharps	0	1	0	1
Failure/insufficient/incomplete monitoring	0	1	0	1
Contact/Collision with Objects/Animals (not sharps) - Falling object	0	0	1	1
Injury of unknown origin	0	1	0	1
Insufficient numbers of healthcare professionals	1	0	0	1
Choking/Inhalation/Aspiration - Of foods/fluids	0	1	0	1
Physical	0	3	0	3
Physical contact (actual assault)	0	1	19	20
Physical threat (no contact)	0	1	5	6
Sexual (including harassment and indecent exposure)	0	0	2	2
Witnessed Slips/Trips/Falls (includes faints) - Standing up/sitting down	0	2	0	2
Total	**1**	**13**	**27**	**41**
	2%	32%	66%	

b) Severity

The classification of the approved incidents for the period is shown in the table below.

Incidents by Severity 23/01/20 - 29/01/20 (app. 05/02/2020)	Insig-nificant	Minor	Moderate	Major	Cata-strophic	Total
Totals:	20	21	0	0	0	41
	49%	51%	0%			

There were no incidents graded as moderate or above.

c) Incidents by Day by Location

Incidents by day of the week - 23/01/20 - 29/01/20 (app. 05/02/2020)	Ardmore	CF 1	CF 2	Erne	Sixmile A	Moyola Day Care	General walkways, grounds etc	Total
Monday	4	1	0	1	1	1	0	8
Tuesday	1	1	0	2	3	0	0	7
Wednesday	1	2	1	2	0	0	0	6
Thursday	3	1	0	0	0	1	0	5
Friday	2	3	1	1	1	0	1	9
Saturday	4	1	0	0	0	0	0	5
Sunday	0	1	0	0	0	0	0	1
Total	15	10	2	6	5	2	1	41

Highlighted locations with >3 incidents in a day

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d) **Type / Location / Severity**

Incidents by Severity 23/01/20 - 29/01/20 (app. 05/02/2020)	Insig-nificant	Minor	Moderate	Major	Cata-strophic	Total	% Incidents
Ardmore	**5**	**10**	**0**	**0**	**0**	**15**	**37%**
Physical contact (actual assault)	1	9	0	0	0	10	
Physical threat (No contact)	3	0	0	0	0	3	
Physical	1	1	0	0	0	2	
Cranfield 2	**2**	**0**	**0**	**0**	**0**	**2**	**5%**
Physical contact (actual assault)	2	0	0	0	0	2	
Cranfield 1	**5**	**5**	**0**	**0**	**0**	**10**	**24%**
Actual self harm	1	0	0	0	0	1	
Injury of unknown origin	0	1	0	0	0	1	
Choking/Inhalation/Aspiration - Of foods/fluids	1	0	0	0	0	1	
Contact/Collision with Objects/Animals (not sharps) - Falling object	1	0	0	0	0	1	
Physical contact (actual assault)	1	4	0	0	0	5	
Failure/insufficient/incomplete monitoring	1	0	0	0	0	1	
Erne 1	**2**	**4**	**0**	**0**	**0**	**6**	**15%**
Actual self harm	0	1	0	0	0	1	
Insufficient numbers of healthcare professionals	0	1	0	0	0	1	
Witnessed Slips/Trips/Falls (includes faints) - Standing up/sitting down	1	1	0	0	0	2	
Physical contact (actual assault)	0	1	0	0	0	1	
Physical threat (no contact)	1	0	0	0	0	1	
Sixmile Assessment	**3**	**2**	**0**	**0**	**0**	**5**	**12%**
Contact with Sharps - Clean non-medical sharps	0	1	0	0	0	1	
Sexual (including harassment and indecent exposure)	2	0	0	0	0	2	
Physical contact (actual assault)	0	1	0	0	0	1	
Physical threat (no contact)	1	0	0	0	0	1	
Moyola Day Care	**2**	**0**	**0**	**0**	**0**	**2**	**5%**
Physical contact (actual assault)	1	0	0	0	0	1	
Physical threat (no contact)	1	0	0	0	0	1	
General walkways, grounds etc	**1**	**0**	**0**	**0**	**0**	**1**	**2%**
Physical	1	0	0	0	0	1	
Totals:	**20**	**21**	**0**	**0**	**0**	**41**	
	49%	51%	0%				

Incident : Insufficient Number of Healthcare Professionals

Erne Ward – 28 January 2020
Staffing levels during the night. From 2am to 5:45am, 6 staff on duty. From 5:45am to 6:45am, 5 staff on duty. Four patients were up at 6:15am, 6:30am, 6:30am and 5:40am. One patient was on 2:1 observations and one patient on 1:1 observations. Staffing across the hospital site was reduced due to illness and staff were re-deployed to ensure safe staffing in the wards. Immediate action taken - request made for one Erne staff member to return from relief.

Incident : Injury of Unknown Origin

Cranfield 1 Ward – 29 January 2020
Patient reported to staff that he had an abrasion on the ring finger of his left hand. Cause unknown however patient observed to be rubbing his thumb on the inside of his ring finger after the abrasion had been observed.

Outcome of review/investigation
Basic first aid was carried out and a dry dressing applied. The patient was examined by the ward doctor and no further treatment was required. Patient is known to have displayed self-injurious behaviours in the past including causing injuries to his hands by scratching them and patient was observed following detection of

the abrasion to be rubbing at and applying pressure to the abrasion. The next of kin was concerned about the cause of the abrasion and after making a complaint to Senior Management and to the DOH, an adult safeguarding referral was initiated, an AJP1 completed and a Form 2 submitted to RQIA. An interim protection plan was put in place.

The Adult Safeguarding Team reviewed the issue and following careful consideration could find nothing to substantiate the allegation that a staff member caused the abrasion to the finger. The staff member named by the next of kin was not working on the ward during the 48 hours preceding the allegation, and therefore could not have caused the abrasion. The restrictions that were put in place via the interim protection plan relating to the staff member have been lifted.

4.2 Medication Incidents

There were 0 medication incidents reported during the period w/e 29 January 2020.

4.3. Use of Rapid Tranquilisation during Physical Intervention.

=1 use of rapid tranquilisation reported during the period w/e 29 January 2020 :

Use of IV/IM rapid tranquilisation during physical intervention 30/01/20 - 05/02/20 (based on all incidents - approved/not approved 06/02/2020)			Total
Sixmile Assessment	04/02/2020	GF	1
Total			1

4.4 Use of Prone Restraint

=0 use of prone restraint reported during the period.

4.5 Use of supine hold

=3 use of supine hold reported during the period :

Use of supine hold during physical intervention 30/01/20 - 05/02/20 (based on all incidents - approved/not approved 06/02/2020)	Ardmore	CF 2	Sixmile A	Total
Use of supine hold during physical intervention	1	1	1	3
Total	1	1	1	3

4.6 Incidents of Physical Intervention (PI)

There were 20 incidents involving the use physical intervention w/e 05 February 2020.

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Use of Physical Intervention 30/01/20 - 05/02/20 (based on all incidents - approved/not approved 06/02/2020)	NO - None used	YES - Holding only	YES - Dis-engagement only	YES - Dis-engagement and Holding	Total
Ardmore	11	5	0	0	16
Cranfield 1	13	3	0	3	19
Cranfield 2	2	3	0	3	8
Cranfield ICU	1	0	0	0	1
Erne	10	0	0	0	10
Sixmile Assessment	1	2	0	0	3
Sixmile Treatment	0	1	0	0	1
Public Area	1	0	0	0	1
Portmore Day care	1	0	0	0	1
Total	40	14	0	6	60
	67%	23%	0%	10%	

4.7 Seclusion and Voluntary Confinement

4.7.1   **Seclusion**

W/e 5 February 2020

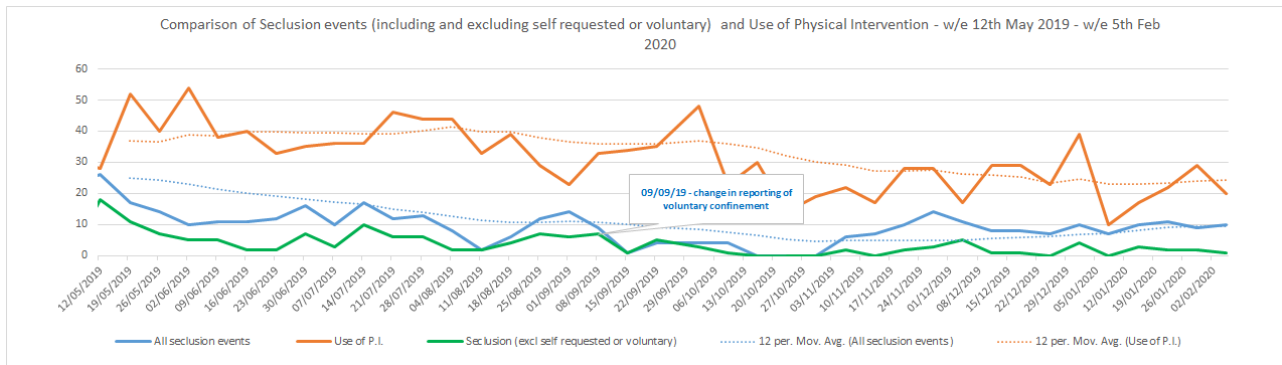Seclusion was used on **1 occasion** in this period **involving 1 patient.**

The event took place on 4 February 2020 and lasted 1 hour 32 minutes, beginning at 14:23 and concluding at 15:55pm.

The patient (█ from Sixmile Assessment was secluded in Cranfield ICU seclusion room. The 15 minute and 60 minute observations were followed appropriately.
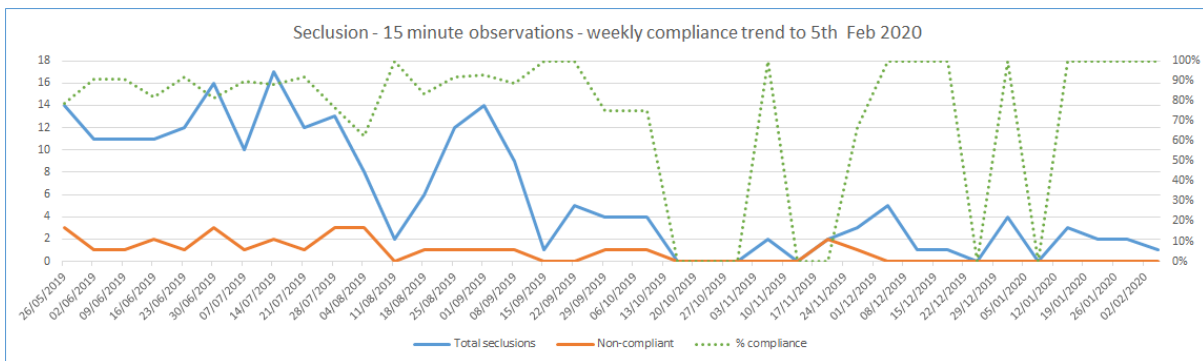
Daily Seclusion Trend (excludes voluntary confinement)

Number of times seclusion utilised daily - 23/02/2019 - 05/02/2020
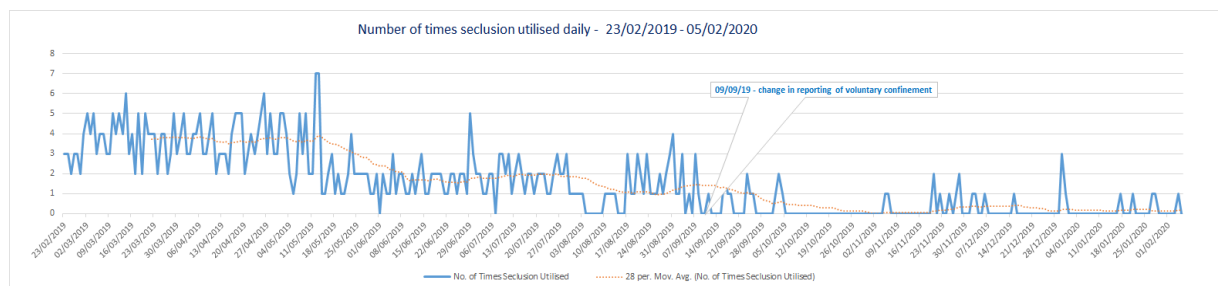
Comparison of Seclusion Events and Use of Physical Interventions

Comparison of Seclusion events (including and excluding self requested or voluntary) and Use of Physical Intervention - w/e 12th May 2019 - w/e 5th Feb 2020

Seclusion Review Compliance
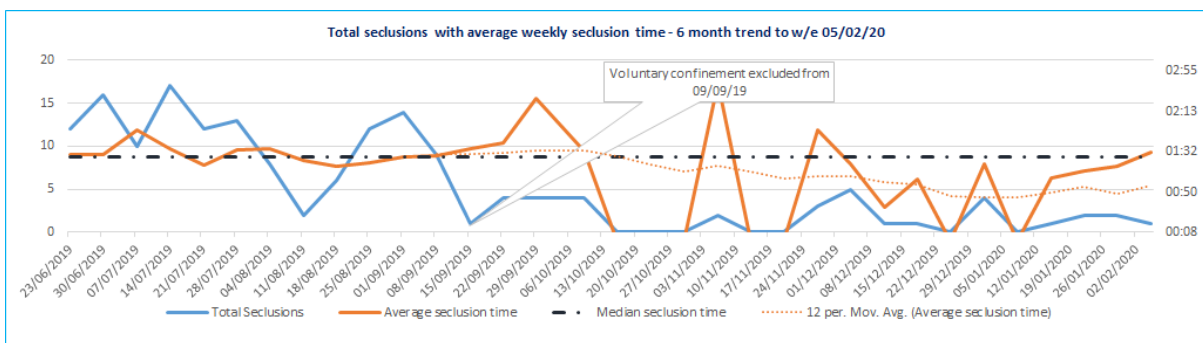

Seclusion - 15 minute observations - weekly compliance trend to 5th Feb 2020

Seclusions with Average Weekly Seclusion Time

The graph below shows the trend of average weekly time in seclusion per seclusion event :

Total seclusions with average weekly seclusion time - 6 month trend to w/e 05/02/20

4.7.2   Voluntary Confinement

W/e 29 January 2020

Voluntary Confinement was utilised on **9 occasions** in this period**,** in the management of the patient in Sixmile Assessment who had 1 episode of seclusion in the same period -
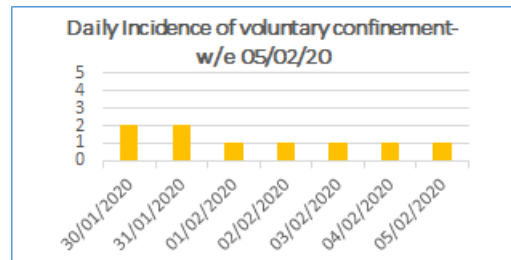
- Shortest duration of voluntary confinement – **1 hour 15 minutes**
- Longest duration of voluntary confinement – **1 hour 45 minutes**

- Earliest commencement of confinement was **1:05am**
- Latest conclusion of confinement was **11:10pm**

The chart below show the number of instances of voluntary confinement per day of the week :

Daily Incidence of voluntary confinement- w/e 05/02/20

Analysis by Patient of Voluntary Confinement

05/02/2020				
Patient ID	**Ward**	**Confinement Area**	**Reason**	**No. of VC's**
P60	Sixmile A	Patients bedroom	Voluntary	9

The table below details the number of seclusion episodes - no episode ended later than 11:45am and the earliest episode started at 9:30am.

05/02/2020					
Time Vol Confinement Ended	7am - 12noon	12 noon - 5pm	5pm - 11 pm	11pm- 7am	**Total**
No. of VC's	7	0	0	2	9

In terms of the length of time voluntary confinement occurred, the table below details for each patient the length of time confinement lasted on each occasion by time band. The average time was **1 hours 30 minutes** for the period.

05/02/2020							
Pt. ID.	**<30mins**	**30 mins - 1 hr**	**1 - 2 Hrs**	**2 - 3 Hrs**	**3 - 4 Hrs**	**> 4 Hours**	**Total**
P60	0	0	9	0	0	0	9
Total	0	0	9	0	0	0	9

4.8 Complaints

There were no new complaints received during the period.

4.8. Risk Register Position – January 2020

ASPC LD53 has been added and ASPC LD48 is to be closed, as it has been incorporated into ASPC LD38.

All other risks have been reviewed and updated.

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4.9. CCTV Viewing – Good Practice

Ward	Date and Time	Comments
Ardmore 2	25 January 2020 07.00 to 15.00	- Active, busy ward. Several visitors, possibly family. - Evidence of structured activities with female patient i.e. drawing, puzzles, chatting. - Positive engagement between staff members and patients observed having coffee/drinks, styling patients hair and staff taking patient out for a walk. - Generally positive engagement between staff and patients observed. - Ward Manager observed after lunch, she positively responded to an escalating episode of patients agitation/distress and effectively assisted to de-escalate situation. - Female patient appeared to become significantly agitated, hitting out at staff, attempting to kick out at staff, removing her clothing. Staff responded appropriately to this situation, preserving patients dignity, using a blanket and used minor holds to ensure her safety. - The above situation lasted for approximately 30 minutes, safe space and assistance was given to patient, staff commended for their approach and care of patient. - Viewer observed female staff member standing over patient while assisting to feed patient.
Moyola Day Care	27th January 2020 10.00 to 12.00	-Calm and relaxed environment. Good ratio of staff to patients, staff very attentive to patients. Most activities were table top, short duration and some personal care e.g. shaving. -Staff brushing patient's hair. Patient assisted with activity and pictures. Massaging patient's head with brush. Snacks given. Talking with patients. Helping patients with coat. -Brushing and massaging patient's hair to help relax them and reduce agitation. -Plenty of staff to assist patients, activities were of short duration, possibly due to concentration levels. 2 staff were on their phones, however one shared pictures with patient so may have been activity related. All patients appeared to have left the building by 11.45am.
Ardmore 1	27 January 2020 15.00 to 21.00	- Fairly quiet presentation, no visitors noted. - Staff gave out medication and snack to patient. - Patient became agitated trying to slap staff, three staff in area, two staff took patient by MAPA arm holds and brought to bedroom. - Good observation of patient when appeared to be unwell. - Quiet ward with good staff to patient ratio, not many activities happening to engage patient or reduce agitation.
Erne 1	28 January 2020 07.00 to 15.00	- Staff busy carrying out ward based duties. - No staff or patient therapeutic interactions observed. - Ward Manager observed at various times during viewing. - Few patients observed, most staff and patients must have been away at activities elsewhere from ward.
Seclusion Suite	28th January 2020	-1 patient and 2 staff initially in area. Very little verbal interaction taking place although possibility of personal care assistance given.

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	19.00-21.00	Staff change over @20.37. Patient gently pacing about area did not appear agitated. -Patient and staff members out of view but on return, patient appeared as if he had been showered. Staff combed patient's hair. Snack given to patient which he ate independently. --Staff members attempting to engage patient in conversation @20.38 and 20.41. -1 patient with 1-2 staff. Patient appeared relatively calm. Little integration with staff observed.	
Cranfield 1	29 January 2020 15.00 to 21.00	- Ward appeared busy with evidence of interaction between staff and patients. Other staff personnel on ward at various times. - Nurse and Therapist sitting beside patient to give reassurance. - There was evidence of good engagement between staff and patients i.e. staff sitting with patients at meal times. Patients also appeared to leave ward with staff members. - Nurse giving reassurance to patient, shortly afterwards the patient became agitated suddenly removing clothes, another staff member close by intervened and settled patient down. Same patient then was rocked in his chair by therapist. - There appeared to be an incident of a MAPA hold. This was appropriately carried out by two female staff members who held the arms of a patient to prevent him harming himself. This appeared to be a short term intervention. - Staff generally responded positively and were generally responsive to presenting needs of patients.	
Cranfield 2	29 January 2020 21.00 to 07.00	- Ward active with evidence of staff and patient engagement. - Evidence of positive engagement, staff sitting with patients in dining room. - One particular patient was unsettled all night and staff managed him appropriately. - Good evidence of patients care needs being met. - MAPA used appropriately i.e. four staff guided patient and observed him to his bedroom. - Unsettled patient grabbed arm of staff, patient escorted away and out of area. - Ward calm and relaxed. - Good engagement between staff and patients. - Frequent observations of bedrooms and observation of unsettled patient throughout the night. - Managed patient who was unsettled.	
Sixmile	31 January 2020 15.00 to 21.00	- Calm relaxed ward. - Eight staff and four patients observed, no visitors to ward. - Casual relaxed conversations between staff and patients, staff filling in form with patient, staff and patient arrive back into ward from outside, medication given. - Ward Sister observed. - Good ratio of staff to patients. No formal type activities viewed although patients appear to be independent.	
Erne 2	31 January to 1	-Most patients didn't appear to settle to sleep until 1am. One patient didn't' sleep at all. 3 patients up and out of room by 5am. Staff very busy with these patients.	

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	February 2020 21.00 to 07.00	-Patient was fed supper and given medication. Fluids encouraged. From approx 1.30am staff was in room with patient. No interaction noted. @4am staff member changed over and some interaction occurred from there on. Staff put pyjama bottoms on patient to maintain dignity. Medication given. -Patient who had been awake all night was given a drink to settle him. -Nothing specific although regularly 1/2hrly-hrly checks on bedrooms made.	
Cranfield 1	2 February 2020 07.00 to 13.00	-Normal busy morning on the ward. No evidence of structured activities but observed patient leaving ward with staff. Visitor observed on ward. -Evidence of positive staff engagement with patients. Observed staff sitting with patients in day room and dining area, engaging in conversation. -Male patient became agitated and hit out at staff, pulling one staff nurse's hair. MAPA hold was appropriately used to protect both patient and staff. Difficult situation effectively diffused and dignity of patient maintained through use of screens. Commend staff management of situation and protection of other patients. -No ASG concerns observed during shift.	

Two incidents of previous commentary from CCTV viewing which were shared with staff for further investigation prior to adding to the Safety Report are below :

Ward and Date/Time	Contemporaneous Viewing Comments	Response
Seclusion Suite 19 Jan 2020 13.00-16.00	Ward Manager appeared to accompany patient to seclusion area with other members of staff. Male patient arrived to Seclusion area at 14.42 accompanied by 5 staff members and 6 PSNI officers. Patient appeared calm and walked into seclusion room. PSNI officers stayed for short time period. Patient was supervised at all times by up to four staff members including Ward Manager. Patient left seclusion room are approx. 30 mins later. Ward Manager also appeared to leave and return to seclusion area, she was also observed comforting patient. Viewer unable to view precipitating events that required this period of seclusion, patient did appear calm on arrival to suite. Viewers queries need	The incident in question pertaining to that was quite a serious incident which occurred in the Cosy Corner - patient slapped a staff member to the face and was destructive to the Cosy Corner environment, breaking items and throwing things on the floor, presenting risk to families and patients who had to leave. There was a site wide response which required 50minutes of physical holding in which the patient did not settle and would not agree to safely return to the ward. There is a known history of this patient responding positively to the PSNI and at times of high risk this is required to maintain safety of all involved. When PSNI arrived, due to a serious incident on night duty where this patient had previously assaulted the PSNI, the

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	for six PSNI officers albeit viewers unable to ascertain previous events.	PSNI declined to take over until they had at least 5 officers present. Due to a simultaneous ongoing incident with a patient occurring in Sixmile, the above patient's ward, it was not possible to return the patient to the ward. The patient was in the seclusion/low stimulus area supported by staff for a period of time and staff were able to support him and come into the room. When the environment was safe all involved returned to Sixmile ward.
Erne 2 25 Jan 2020 15.00-21.00	Fairly calm apart from one patient took jumper from another patient slapped x 3 without staff intervention, two male staff seemed to distract patient by throwing jumper to each other involving second patient. Poor practice, risk to another patient from other, possible teasing of patient. No MAPA interventions observed, perhaps incident above required some as patient at risk and also staff. No seclusion, aforementioned incident staff and patient could have been better handled, requires learning by staff and staff should review de-escalation techniques.	CCTV viewed by DAPO, ASM and Ward Sister. Registered Nursing staff from Direct Healthcare Agency were identified as being involved. ASG Referral, AJP1 and Form 2 (RQIA Notification) completed. Interim protection plan implemented with immediate effect : staff not to work on site and cannot report for duty in BHSCT until completion of the investigation. Staff, Bank Office, Direct Healthcare Agency and Next of Kin all informed.

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

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

5.2. Safety Quality Visits
The Assistant Service Managers have daily walkabouts on the wards.

5.3 Weekly Live Governance meetings ongoing
Chaired by Clinical Director and involving all wards.

5.4 Monthly ward clinical improvement groups
These have a patient safety focus.

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5.5 Patient Experience Feedback

A paper is being drafted setting out work to date in this area, and proposed developments. This has been drafted but further meetings are required prior to completion of the position paper.

The ARC Patient Experience Project commenced in Ardmore Ward w/c 3 February 2020 and will run over 3 days, involving patients and families, seeking feedback around 7 aspects of citizenship. Following completion of Ardmore Ward, the ARC team will roll the exercise out across all other wards on site.

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

6.1. Staff Counsellor Sessions – 12 Sessions offered per week. Apr-Dec 2019

Week ending (Sunday)	Available Sessions	Sessions Not Used	Numbers of staff attending	% uptake of sessions
Apr-19	58	26	32	55%
May-19	58	35	23	40%
Jun-19	50	29	21	42%
Jul-19	57	36	21	37%
Aug-19	55	31	24	44%
Sep-19	54	37	17	31%
Oct-19	60	27	33	55%
Nov-19	39	21	18	46%
Dec-19	34	17	17	50%

Counselling sessions - monthly availability and uptake - Apr - Dec 2019
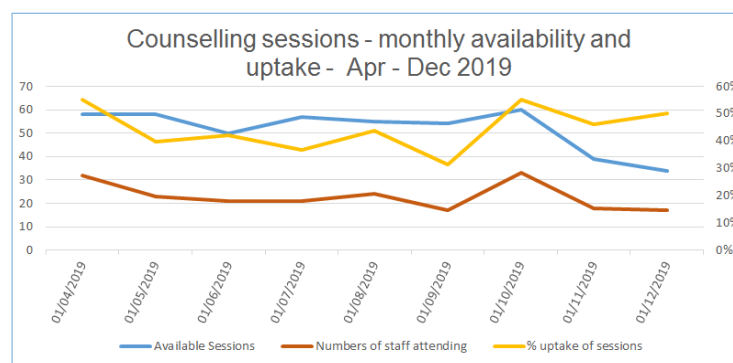
On average over the 9-month period, 56% of available sessions were unused. Staff also have available Be Well services and Occupational Health.

6.2 Information from MAH Senior Nursing Team

Staffing rosters are reviewed daily by Ward Sisters/Charge Nurses, and reviewed collectively at weekly Ward Sister/Charge Nurse meetings in conjunction with senior management team.

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(7) Emerging issues

Consultant Staffing
1. Locum Consultant (Muckamore Abbey Hospital) left prior to the end of her contract in December 2019. A replacement Locum Consultant has now taken up post w/c 10 January 2020.
2. Further substantive Consultant post will be vacated mid-February 2020.
3. Attempts at recruitment for Consultant posts for the community, including the post for the new Intensive Treatment Support team, have been unsuccessful. There is a UK wide shortage of specialist in ID. Management team will explore the potential for international recruitment.

Legal Requirements for Provision of Information
The volume of litigation cases (staff litigation), Subject Access Requests, PSNI Data Requests (Form 81s) and Freedom of Information Requests are in excess of the admin team's capacity and timelines are not being met. There is a huge amount of redaction required for many of these requests, and given the length of admission of the patients concerned, the volume of records requiring redaction are extensive. The delay in processing these requests has a knock on negative impact on the family/next of kin awaiting the information. A funding proposal will be developed by the management team as to how best to support the team to be able to respond to these requests in a timely way.

Management Team Resources

Jan McGall, Senior Service Manager, has now left Muckamore Abbey Hospital for her new post as Assistant Director in SHSCT. It is not anticipated that the new Service Manager will take up post until mid April 2020. This creates a considerable pressure within the team for 2.5 months and decreases the team's capacity to handle all issues in a timely manner.

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

As of 6th February 2020 :
- No media enquiries outstanding
- One constituency enquiry outstanding – previous enquiry regarding consent was closed but has now been reopened with consent from client and response is due; Public Liaison liaising with Co-Director
- 2 Departmental enquiries (AQWs): one on admissions and discharges (due 6/2/2020) and one on workplace injuries (due 10/2/2020).
- No FOI enquiries outstanding

(9) Financial Governance

BSO Internal Audit remain on site undertaking an audit of financial governance processes w/c 3 February 2020.

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

A regional meeting to discuss an Assessment and Treatment model for LD in NI took place on 11 December 2019. RQIA highlighted the lack of an admission pathway for patients with a learning disability as a risk at their feedback on 16 December 2019. This remains an issue and it is unclear how these discussions are being taken forward regionally.

An internal Admission/Treatment workshop has been confirmed for 26 March 2020 to review current challenges with admission pathways, review the current assessment and treatment model of care, and to agree an interim service model for the site. Structured questions will be given to all ward MDTs in advance of the workshop to encourage advance discussion and thinking around the issues.

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