

TRUST BOARD

MEETING	Trust Board - Public	Ref No. 5.2 a
DIRECTOR	Mental Health & Intellectual Disability	Date: 05 May 2022
Learning Disability Services – Muckamore Abbey Hospital		
Purpose	This paper provides an update in respect of Learning Disability Services including Muckamore Abbey Hospital	
Corporate Objective	<ul style="list-style-type: none"> • Safety and Quality 	
Key areas for consideration	<ol style="list-style-type: none"> 1. Patient Numbers and Resettlement 2. Carer and Family Involvement 3. Strategic Developments 4. Leadership and Governance Review Recommendations 5. Department of Health Audit of Adult Safeguarding 6. RQIA Inspection 	
Recommendations	<ul style="list-style-type: none"> • For Information 	

Briefing for Trust Board

Belfast HSC Trust Muckamore Abbey Hospital Highlight Report April 2022

1. Muckamore Abbey Hospital Patient Population

The number of patients in residence is 38, with the total number of individuals on trial resettlement increasing to 4. One patient continues on extended home leave at the request of family. The table below displays the number of inpatients resident in Muckamore Abbey Hospital and the number of patients on trial resettlement:-

Table 1.1 : Inpatients (inclusive of patients on home leave) and Patients on Trial Resettlement: -

Trust of Residence	Number of Inpatients	Number of Patients on Trial Resettlement
Northern HSC Trust	15	1
Belfast HSC Trust	14	2
South Eastern HSC Trust	8	0
Southern HSC Trust	1	0
Western HSC Trust	0	1
Total	38	4

There are now 3 patients receiving active treatment.

Table 1.2 : Resettlement Success and Failure Rate 2020/21

	2021/22			
	Successful Resettlement - patient discharged	Failed Resettlement - patient returned	Ongoing Resettlement	Success Rate
BHSCT	2	1 (DOJ recall)	2	66%
NHSCT	3	0	1	100%
SEHSCT	0	0	0	-
WHST	0	0	1	-
Total	5	1	4	83%

2. Patient Safety

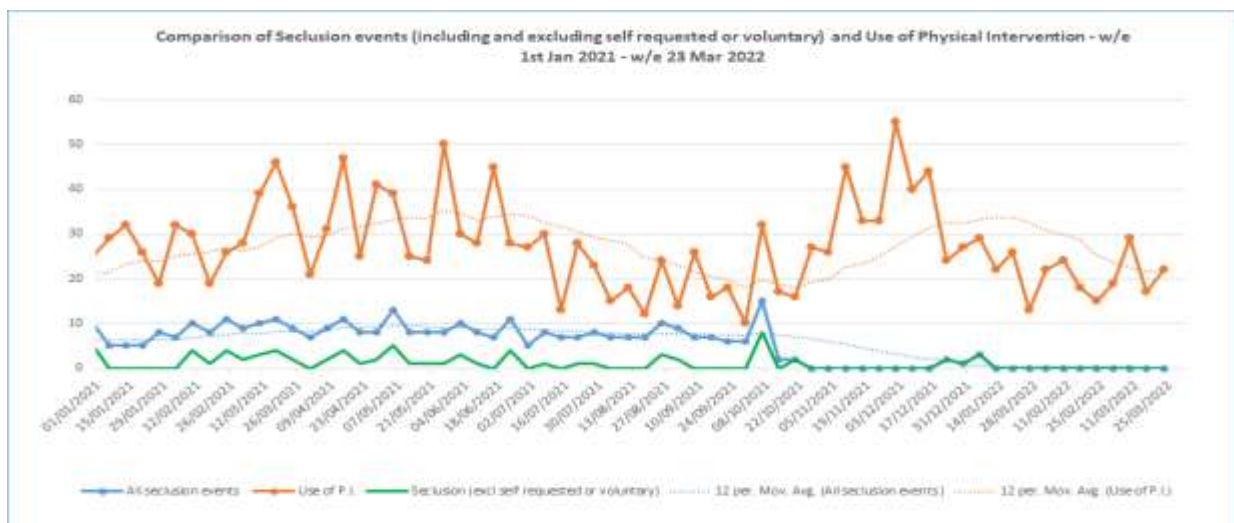
A weekly Safety Report provides assurance on patient safety metrics which is reviewed by the senior management team in MAH and shared with the multi-disciplinary team. There is also a weekly Live Governance call for all clinical areas to feedback on the previous week's incidents and any other governance issues.

The weekly Safety Report provides an update and analysis of the use of restrictive practices on site, and also provides data over time in order to identify trends. Data is provided on the following

- Adult Safeguarding referrals
- Incidents involving physical intervention
- Use of seclusion
- Use of voluntary confinement
- Use of prone and supine restraint
- Use of rapid tranquilisation

The chart provides an overview of the number of times seclusion is used on a weekly, basis, the total number of seclusion events (which includes voluntary confinement) and the number of incidents on site which involved the use of physical intervention.

Seclusion Events and Use of Physical Intervention, w/e 1 January 2021 to w/e 23 March 2022



Review of contemporaneous CCTV is ongoing and used to provide feedback to staff on good practice, as well as providing an overall assurance to the management team. We are currently in discussions with Trade Union Colleagues regarding the use of CCTV footage as a training tool and evidencing good practice.

3. Staffing Levels

3.1 Nurse Staffing Levels

The staffing requirements for the patients on site is determined using our nurse model. The staffing levels are provided by combination of substantive nursing staff, long-term agency staff and nurse bank staff, and there are enough available staff from these sources to provide a safe level of care. Nurse

staffing levels for w/c 23 March 2022 can be found in **Appendix 1** – this information is provided by the Trust to the Department of Health on a weekly basis.

Operationally, staffing levels are reviewed in the morning safety huddle at 08:00 to ensure a risk assessed approach is taken to staffing across the site. There are also a number of in-reach staff working with patients on a daily basis in two of the wards and Day Care services have been able to provide additional support by providing more activities both on and off the ward during the day and into the early evening across the full week. Sickness levels continue to be actively managed in line with Trust policy. The number of staff on maternity leave has risen as discussed previously.

The Trust continues in its efforts to recruit substantive staff with rolling advertisements for Band 5 and Band 3 nursing staff and the Senior Nursing Team continues to maintain a focus on workforce recruitment and retention. Recruitment of Band 7 (permanent) and Band 6 (temporary) is at shortlisting stage of the process.

A learning Disability wide program of recruitment is currently being established to encourage further applicants both across community and hospital wide settings. Multi media approaches have been progressed.

The fundamental vulnerabilities of the workforce remain which are the high levels of temporary workforce, combined with an ongoing PSNI investigation, which may result in further substantive staff being suspended.

3.2 Medical Staffing Levels

The small team of 2.5wte Consultant Psychiatry team providing input to Muckamore Abbey Hospital continues to represent a vulnerability for the service. The additional risk relates to clinical leadership with a current longstanding vacancy of the Chair of Division position. The position of Interim Clinical Director was completed on 30th August 2021.

3.3 Adult Safeguarding Staffing Levels

Staffing levels in the Adult Safeguarding service supporting Muckamore Abbey Hospital have been added to the service's risk register. Staffing levels represent a risk to service effectiveness and responsiveness because of sick leave and vacancies. In addition, due to an increase in the volume and complexity of the workload across learning disability services and into the historic team in recent months, additional funding is required to expand the workforce.

There are a number of vacancies in the social work team. The Service Manager for Social Work has identified the gaps in service and finalising a business continuity plan with the deficits in workforce. Alongside this active recruitment is ongoing with the regional recruitment of social work posts taking place in May 2022.

3.4 Psychology Staffing Levels

There continue to be vacancies within the psychology team providing support to the Hospital, initial recruitment exercise has been unsuccessful, – efforts to recruit continue.

3.5 Workforce Review and Support

Bespoke support from HR colleagues has been agreed for a 6 month period. This support will focus specifically on recruitment and retention of the workforce in MAH and the community. This is hoped to commence in May 2022.

4. Other Developments

4.1 RQIA Inspection

An RQIA inspection of Muckamore Abbey Hospital took place in March 2022. Verbal feedback was received and the report inspected. The QIP is being further developed and actioned.

4.2 Admissions Pathway

Funding has been confirmed to support the opening of 3 inpatient learning disability beds in Holywell by September 2021, BHSCT understand that this has now slipped and the beds are delayed in opening. The Belfast Trust have completed a risk assessment to identify any risks associated with loss of staff to the new unit and mitigations which can be taken should the risks materialize. This is being kept under active review as the development in Northern Trust continues.

Through the medical consultant group, informal indications have been received that the Northern Trust consultants plan to withdraw from the out of hours provision on the Muckamore Site.

4.4 On Site Option for Resettlement for long term care

The Steering Group, chaired by the Interim Director and with representation from SEHSCT, NHSCT, RQIA and HSCB has been established and has now had 9 meetings. A feasibility study of options is in final draft by the Planning and Redevelopment Team. All families have been informed of the proposal for an on-site option for resettlement.

4.3 Business Cases

Two business cases have been approved at the Strategic Advisory Board and are now progressing. One of these cases, Minnowburn, will be a development within the Belfast Trust area and will provide purpose built accommodation for 5 individuals with complex support needs from Muckamore Abbey Hospital.

The site is Minnowburn is currently owned by Belfast Trust and the process of Minnowburn being declared surplus to Trust requirements commenced last month. An application has been submitted to Land & Property Services and the public sector trawl, has commenced. The process is currently at step 10 and BHSCT have advised that sale can proceed in line with this.

A workshop was held with all housing associations and third sector providers on the 7th December 2021, at which the current and predicted demand for housing solutions both for Belfast Trust patients within Muckamore and also the Belfast Trust service users within the community was identified, and the complex needs requirements were quantified. Providers have submitted proposals and the resettlement and Commissioned Services team are working through 1:1 provider meetings throughout the months of January and into February 2021. No further update to provide at this stage.

This is a new way of interacting with providers with a view to meeting all demand within LD over a projected timeframe, and feedback from ARC and from providers has been positive.

5. Patient and Carer Feedback

- **The Muckamore Carer's Forum** continues to meet. However given continued low levels of attendance the Trust is reviewing how this might improve. The Carer Involvement lead is approaching all families individually and we are hoping to establish some smaller focus groups at ward level from which to build on
- **Advocacy Review** – the Terms of Reference for the proposed Advocacy Review have been agreed with HSC Trusts, HSCB and the Trust's advocacy providers. The HSC Leadership Centre have secured two reviewers and initial meetings have taken place agreeing the scope of the project with the reviewers, and determining the interested parties and support to that group from the service.
- **Real Time Feedback** – continues in all wards and feedback shared with the teams to coordinate any actions.

APPENDIX 1

Table 3.1 : Nurse Staffing w/c 11 April 2022

Figures exclude those on sick leave, maternity leave and annual leave

Ward	Inpatients	Trial Leave	Total	Plan Nursing wte	BHSCT Staff Available wte	Agency Block booking	Other Backfill (bank/add hours/OT)	Variance after Backfill	% achieved against plan
Cranfield 1	8	0	8	35.28	6.98	27.5	2.82	2.02	105.73
Cranfield 2	7	1	8	41.81	10.92	27.3	1.21	-2.38	94.30
Donegore	5	0	5	26.51	13.82	7.07	2.72	-2.90	89.07
Killead	8	2	10	41.44	14.54	22.2	4.50	-0.20	99.52
Sixmile	9	2	11	36.03	11.85	27.1	3.54	6.46	117.94
Total	37	5	42	181.07	58.11	111.17	14.79	3.00	101.66

Table 3.1.1 : Sick leave, maternity leave and annual leave w/c 11 April 2022

Sick Leave			Maternity Leave			Annual Leave		
Reg	Non Reg	Total	Reg	Non Reg	Total	Reg	Non Reg	Total
7	28.15	35.15	2	5.22	7.22	0.99	10.2	11.19

There were also the equivalent of 7.19 wte senior nurse assistants who were on study leave (OU) that week not counted in the available number

