Muckamore Abbey Hospital Stakeholder Summit

29 April 2021

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Opening Comments

Welcome – and thank you for your participation

- We recognise that the challenges we face in Muckamore Abbey Hospital have had significant ramifications for other parts of Learning Disability services
- We cannot right the wrongs of the past but we can and must learn and need to work collectively to design and deliver a brighter future for people with a learning disability and their families. This is the least we can do.
- We are grateful for the support and collaboration in difficult circumstances from our partner Trusts and all agencies here today
- It is our collective energy, ideas and thoughtfulness that we want to harness today
- We are not here to be defensive – we need your expertise and sense making to ensure that no stone is left unturned and that we can be confident we are doing everything we can
- While this represents an overview we are happy to share more information or talk further at another time if further analysis is required
- We have tried to summarise key risks and primary actions but this is not exhaustive

Risks and Mitigations
Belfast HSC Trust

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Historic Investigation

MAH Historic ASG Team comprises of the following temporary staff:

- Service Manager
- 1.8 wte Band 8As - DAPO
- 4 Band 7 CCTV viewers –DAPO
- 1 MAPA viewer
- 1.2 wte Family Liaison Officer Social workers
- 1 Data Analyst
- 1 Administration Officer

- 2 x Senior Nurse Advisor

- HR Senior Manager
- 5 x HR Staff

- Divisional Nurse for MAH

Historic Investigation

Key Role of the Staff

- View raw footage to identify incidents of concern, where appropriate. Initiate referrals to senior management via HR for interim protection plans and where appropriate refer to PSNI.
- Decisions in relation to staff following identification of Incidents of Concern
- Implementation of robust Protection Plans
- Notify and support affected families where incidents of concern are identified. This includes cross-Trust liaison work
- Support the PSNI investigations through provision of additional information
- Support the Trusts Disciplinary Process

Historic Investigation

Viewing of CCTV footage

Completed Safeguarding viewing hours by 16th October 2020

Ward	Night	PM	AM	Total hours viewed	Total hours to be viewed	% hours viewed	Hours remaining to be viewed
Cranfield 1	1628	957.5	958.5	3544	3552	**99.77%**	**8.00***
Cranfield 2	1617	955.50	962	3534	3552	**99.51%**	**17.50***
PICU	1628	962	962	3552	3552	**100%**	**0**
Sixmile A	2013	1001	1001	4015	4440	**90.43%**	**425**
Sixmile T	33	832	858	1723	4464	**38.6%**	**2741**
Grand Total	**6919**	**4708**	**4741.5**	**16,368.5**	**19560**	**83.68%**	**3191.50**

. *these hours have been passed to the PSNI for viewing as the Trust is unable to view these on the system

Historic Investigation

Overall Incident Totals

Total incidents identified	1369	100%
Total incidents completed	1068	77%
Total outstanding (Still to be reviewed)	**315**	**23%**

NB. This relates to the total number of incidents identified by both PSNI and the Trust from across all Wards as detailed below.

Patient Safety - 1

- High risk context – nationally/internationally a high prevalence of abuse of people with a learning disability
- 'Detection and Prevention of Abuse of Adults with ID and Other Developmental Disabilities in Services – A Systematic Review' – Collins and Murphy, 2020
- Not to be accepting of abuse, but to recognise the need for continued vigilance in Muckamore and indeed in any care setting where people with a learning disability live together
- Review sets out risk factors for abuse and protection factors against abuse :

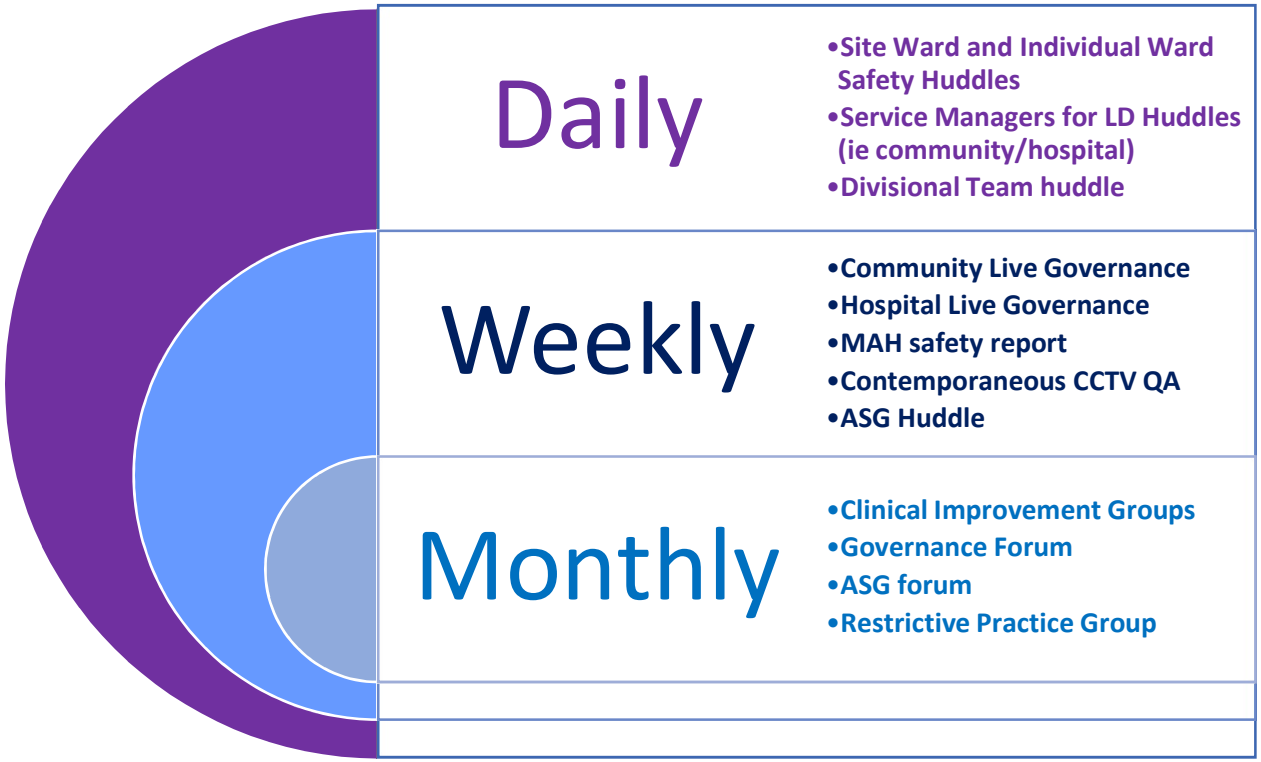
  - 'it is unsurprising that the risk factors for abuse have largely remained consistent over the last 30 years'

- While a number of risk factors have been addressed or mitigated against, a number remain, for example, complexity of case mix, communal living, environment, temporary nature of workforce/turnover

Patient Safety - 2

- Stable Leadership and majority of managerial posts now filled
- Commitment to Family Involvement and enhancing Advocacy
- CCTV in communal areas and contemporaneous CCTV report outs
- Ward to Trust Board Safety Reporting
- Quality Management System
- Weekly Safety Report
  - Adult safeguarding activity and thematic review
  - Incidents and complaints
  - Physical Intervention
  - Restraint and Holds
  - Chemical Restraint
  - Seclusion and Voluntary Confinement
- Positive Behaviour Support Team
- Therapeutic Day Services and Opportunities
- RQIA Inspection

Patient Safety - 3



Health, Wellbeing and Morale of Staff

- Impact of historic investigation – continue to be staff progressing to suspension or protection planning
- Negative external narrative about Muckamore – no differentiation
- Loss of confidence of families impacts on staff
- Impending prosecutions and Public Inquiry
- Low threshold for ASG and PSNI involvement
- Highest number of incidents involve injury to staff
- Staff experience their own trauma
- High levels of scrutiny and staff feeling under cloud of suspicion

Families

- Families of patients who were in Muckamore Abbey Hospital before the installation of CCTV
- Families of former and current patients who are known to have suffered abuse
- Families of current patients who were on site during the timeframe of the historic abuse investigation but not in areas with CCTV
- Families of patients who have been admitted since the timeframe of the historic abuse investigation

Families – Historic Investigation

- The Historic ASG Team supports 34 families
- Good system of FLO support - works well
- All affected families have a bespoke Support Plan
- We need multi-agency buy in to creating time for briefing families ahead of any ‘announcements’ otherwise BHSCT on back foot and credibility is eroded
- Families of those who have been abused are being re-traumatised, eg.PPS announcement
- New group of families emerging via PCC

Families of Patients in Muckamore

Risks and Challenges

- Loss of trust and confidence with some families
- Risk of not seeing or hearing the positive feedback
- Many staff who families knew and trusted have gone
- Families question their ability to trust staff based on past experiences
- Adult safeguarding incidents when they occur on site create doubt and uncertainty
- Prosecutions and Public Inquiry may undo any ground which has been gained

Actions

- Enhanced Advocacy (PCC)
- Muckamore Carer's Forum
- Trust Board LD Champion
- Community LD Forum
- Muckamore Newsletters
- Carer Questionnaire
- Carer Commitment
- Recruitment of PPI Lead
- Review of Advocacy Services
- Post lockdown we want to renew our efforts to create a sense of community around the site

Workforce – 3 Areas of Risk

- Nursing
- Adult Safeguarding
- Medical
  - Consultant Psychiatrist
  - Leadership

Nursing Workforce - 1

- Current hospital model, majority of care delivered by nursing staff working as part of wider MDT alongside medical, AHP, psychology and social work staff
- Recruitment and retention remains challenging
- Nursing workforce model now well established and in operation across the site
  - **45% of nursing workforce comprised of substantive BHSCT staff**
  - **26% of registrants working on site are substantive BHSCT staff**
  - **63% of non-registrants working on site are substantive BHSCT staff**
- 57% of registrants on site are RNMH
- 12-month Service Level Agreement with Direct Health Care - 50wte registrants on a block booked basis
- Rolling recruitment - 10wte Senior Nursing Assistants (Band 3) have joined since end Jan 2021 and there were 3 successful candidates at the Band 5 interviews in Dec 2020. These candidates are nursing students candidates and will take up post in Summer 2021.
- There are a further 15 Band 5 candidates to be interviewed and 24 Band 3 candidates to be interviewed following the most recent advertisement.
- Three permanent appointments have been made at Band 6 level with a further advertisement for additional posts.
- In the last month, 2 registrants have handed in their notice – one for a position closer to home, and one for a developmental role in forensic services (NHSCT)

Nursing Workforce – position at 16.04.21

Ward	Nursing Model wte	BHSCT Staff Available wte	Reg	Non Reg	Agency Block booking	Reg	Non Reg	Other Backfill Bank/ Add hours/OT	Reg	Non Reg	Variance after Backfill	% Achieved against plan
CF1	37.15	15.76	4.8	10.96	12.98	7.26	5.72	3.96	0.38	3.58	-4.45	**88.03**
CF2	34.72	16.34	3.85	12.49	7.45	7.45	0	5.57	2.3	3.27	-5.36	**84.56**
Ardmore	31.17	23.37	4.28	19.09	5.9	5.9	0	3.79	1.14	2.65	1.89	**106.05**
Sixmile	31.92	9.35	3.4	5.95	20.29	15.16	5.13	3.22	1.08	2.14	0.94	**102.94**
Erne	46.67	16.9	2.8	14.1	25.32	13.57	11.75	3.46	0.5	2.96	-0.99	**97.89**
Total	**181.63**	**81.72**	**19.13**	**62.59**	**71.94**	**49.34**	**22.6**	**20**	**5.4**	**14.6**	**-7.97**	**95.61**

NUMBER OF STAFF PLACED ON PRECAUTIONARY SUSPENSION		***STAFF WHO CURRENTLY HOLD SUBSTANTIVE POSTS IN MAH***	
70		**43**	
Registrants	**Non-Registrants**	**Registrants**	**Non-Registrants**
34	**36**	18	25 (INCL. 3 X DCW)
NUMBER OF STAFF PLACED ON SUPERVISION		***STAFF WHO CURRENTLY HOLD SUBSTANTIVE POSTS IN MAH***	
60		**30**	
Registrants	**Non-Registrants**	**Registrants**	**Non-Registrants**
32	**28**	14	16 (INCL. 2 X DCW)

Medical Staffing

Medical Workforce

- 2.5 wte Consultant Psychiatrists in MAH
  - 1.0 wte via agency – no speciality training - indicating will leave as Covid-19 restrictions on travel lift
  - Single handed (0.5wte) Forensic Consultant
  - 1wte substantive Consultant – no speciality training

Medical Leadership

- Vacant Clinical Director and Chair of Division
- Exploratory discussions with RCPsych re external assistance /leadership input on sessional basis

Adult Safeguarding Workforce - DAPO and IO Roles

Challenges

- Recruitment and retention rates are poor
- Staff vacancies – DAPO and IO
- Increasing requirement for data analysis and thematic review falling to same team
- Increasing historic workload coming out of engagement with families about the Public Inquiry – can expect this trend to continue
- Low referral threshold for Adult Safeguarding impacts on caseload volumes
- Complex and time intensive referrals, for example, CCTV viewing to identify if or when an incident occurred in context of allegation with limited detail as to time and place
- Additional site and ward based meetings to maintain communication
- Impact on timeliness of investigations and feedback to families and staff

Actions

- Action Plan in place
- Some posts have been filled through internal expression of interests however no backfill secured
- Permanent recruitment is underway
- Additional training, support and mentoring of staff
- Weekly ASG huddles, weekly ASG meetings in Muckamore and monthly ASG Forum
- Database in place
- Need to ringfence work associated with service delivery today to maintain confidence of families and timely investigations for staff involved in delivering care
- Review of funded workforce has identified need for additional investment to bolster this service inclusive of data analytics support

Resettlement

- Rate of resettlement significantly slowed in 2020 due to Covid-19
- Lack of community infrastructure continues to be limiting factor for all Trusts and majority of complex patients are being discharged to non-statutory providers of supported housing and nursing care
- Success rate of resettlement of patients from Muckamore
  - 2019/20 – 77% success rate (n=23)
  - 2020/21 – 100% success rate (n=5)
- Established a BHSCT Resettlement Team
- BHSCT Review of Failed Resettlements and Action Plan

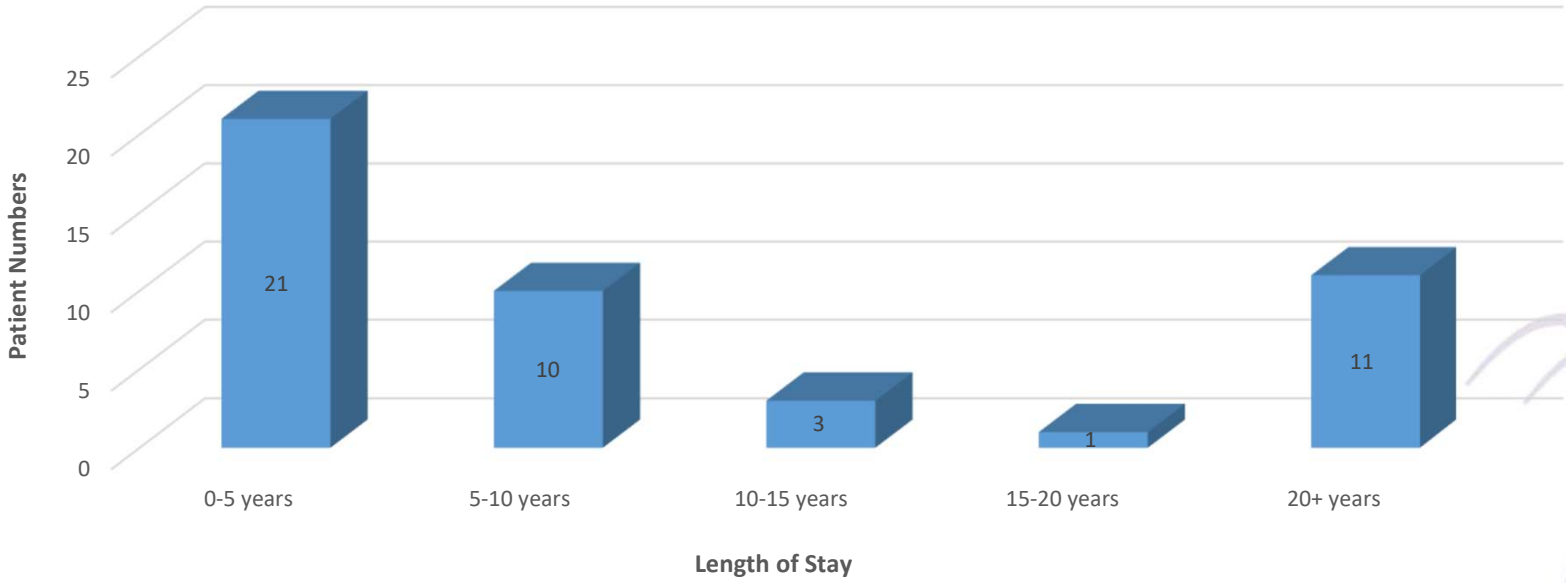
Trust of Residence	Number of Inpatients	Number of Patients on Trial Resettlement
Northern HSC Trust	19	1
Belfast HSC Trust	14	2
South Eastern HSC Trust	8	0
Southern HSC Trust	1	0
Western HSC Trust	0	1
Total	**42**	**4**

'The final resettlement patients are highly complex and are likely to require a different and more bespoke environment'

'Ordinary lives require extraordinary supports'

A Way to Go, SAI Report 2018

Muckamore Abbey Hospital
Length of Stay of Inpatients at 1 April 2021

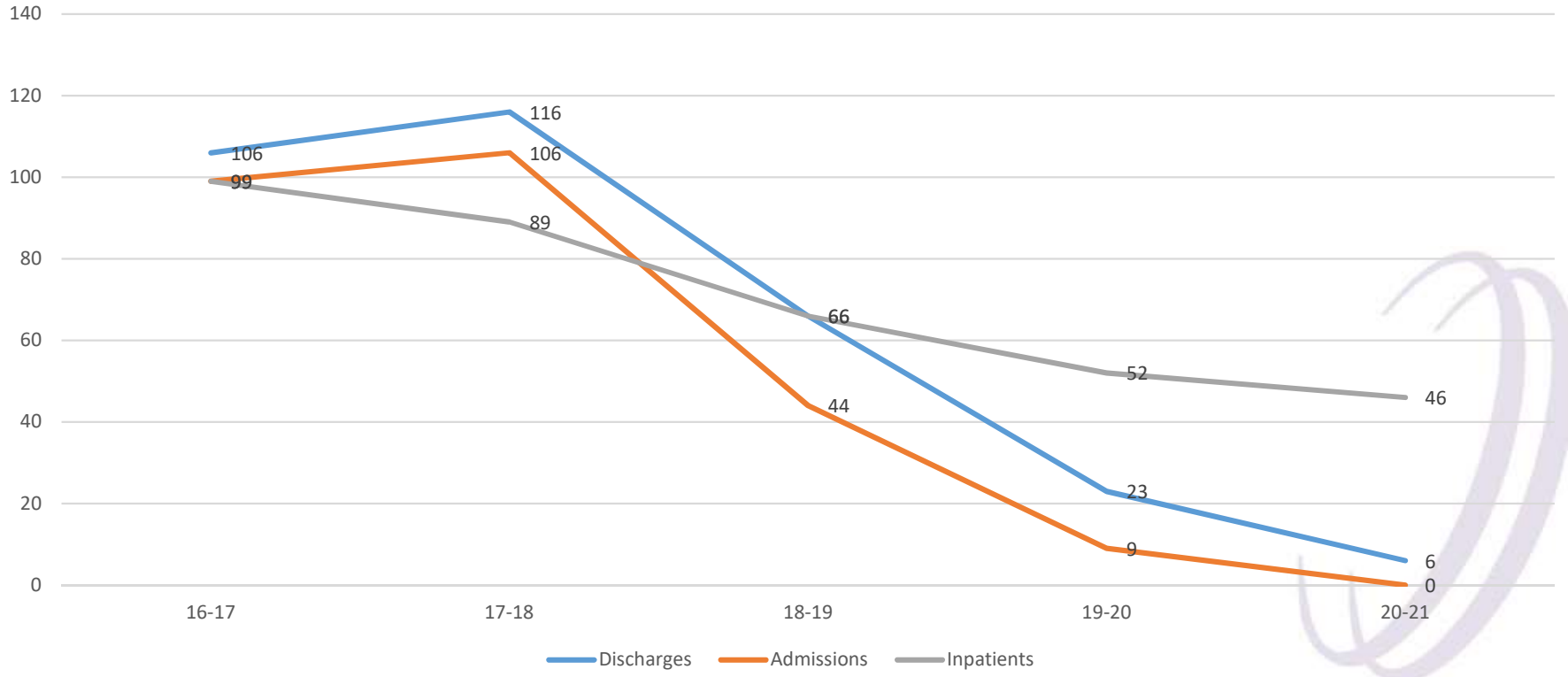


There are 7 patients who have been in Muckamore for over 30 years. The patient with the longest length of stay has been in Muckamore for 45 years.

BHSCT Resettlement Plans

Placement	No.	Status	Time frame	Risks
Mallusk	**1**	Finalising assessments	Aug 2021	None identified
Bradley	**1**	In-Reach (x1)	June 2021	None identified
Mews 2	**4**	Two assessments completed Two assessments to be completed	2023	Outline business case being completed. Property to be identified and secured to include planning permission, building and operational readiness. Timeframe dependent on financial approval and no further delays.
CherryHill	**1**	Assessment completed	June 2021	Resettlement at an advanced stage however, temporarily halted due to family's request for CCTV to be installed in CherryHill.
Knockcairn Extension (Forensic)	**3**	Three assessments to be completed	2023	Full business case being completed. Due submission June 2021. Property to be identified and secured to include planning permission, building and operational readiness. Timeframe dependent on financial approval and no further delays.
No Definitive Plans	**4**	No definitive plans		Bespoke option or MAH long term option

Admissions and Discharges 2016/17 to 2020/21



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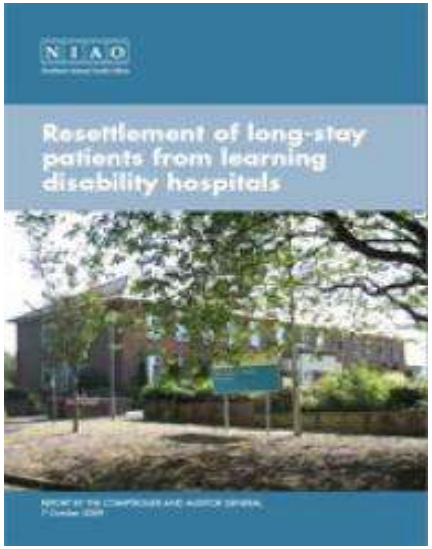
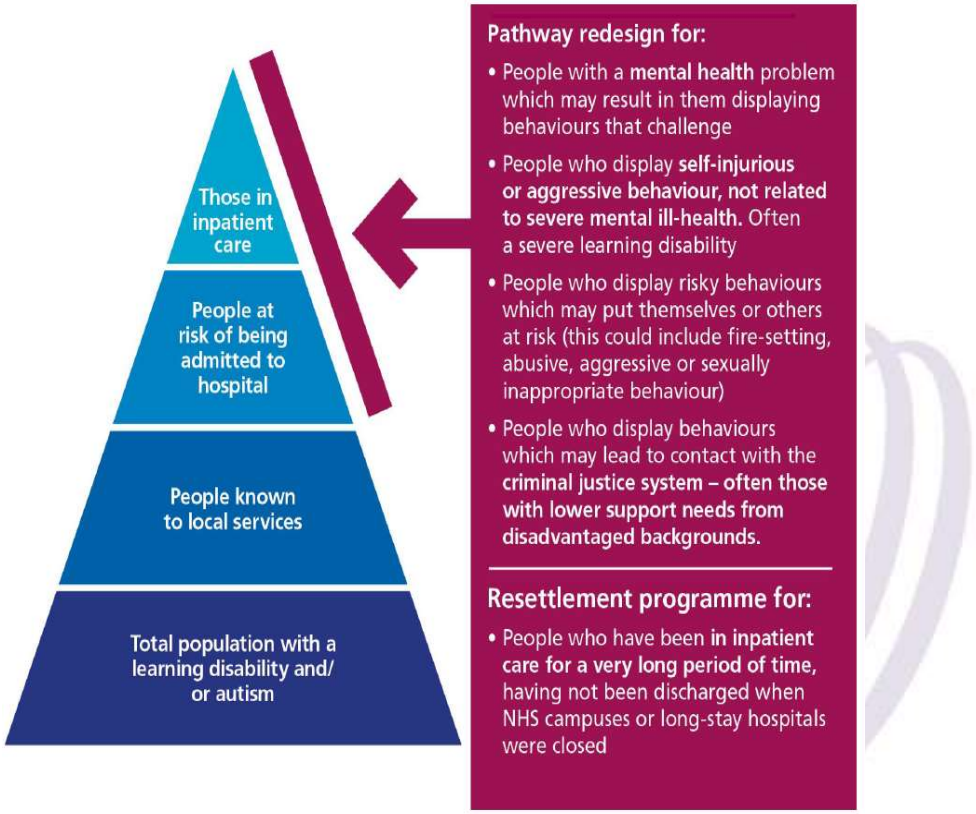
NI Audit Office Report 2009
Resettlement of Long Stay Patients from Learning Disability Hospitals

'All 3 policy strands - resettlement, short term assessment and treatment and community provision - *must be developed and resourced simultaneously if the overall policy objective of resettlement of long stay patients is to be achieved.'*



Building the Right Support – NHS England 2015

'Challenge is as much about preventing new admissions and providing alternative care and support, as it is about discharging those individuals currently in hospital.'



East London Feedback – Aug 2019

Extract of Relevant Recommendations

- Develop **robust and responsive multi-disciplinary community services** to mitigate reliance on inpatient services
- **Increase the accountability and quality assurance of providers** supporting people with a learning disability with complex behaviours. This can be achieved by closer liaison and contract monitoring of providers by commissioners and community teams.
- **Specialist admissions due to complex / challenging behaviours should be a last resort and only agreed by an admissions panel and emergency/direct admissions to specialist hospitals should not be permitted**
- **Enable access to mainstream service provisions**, such as crisis teams or inpatient services if risks warrant this

Our Triumvirate Approach

- Enhancements to Resettlement Team
- Improved processes of assessment, family engagement and in-reach
- Strengthened and refined an early escalation approach to maximise admission avoidance – CTR process now in use
- Develop Community Treatment and Intensive Support Services – Consultant Psychiatrist post being advertised

Work to Do

- Enhance respite and other community support options for our patients, families and our staff
- Provider Development – partnership working and performance management – test out new finance support role within the LD/finance team
- Population based approach to accommodation planning – 5 years / 10 years

No Admission Pathway for Service Users with Moderate/Severe LD – BHSCT, SEHSCT and NHSCT

- Last admission to Muckamore was December 2019
- Challenging and unstable staffing situation coupled with slow resettlement - ‘closed to admission’
- Last 16 months have demonstrated that service users with a mild LD and some with a moderate LD can be appropriately cared for in MH settings
- June to Oct 2021 snapshot - 14 considered for admission
  - 8 service users admitted to Adult Mental Health Services
  - 5 service users supported to remain in the community
  - 1 service user admitted to Lakeview

Risks and Opportunities

- Some service users with moderate, and those with a severe LD, require assessment and treatment in a specialist LD unit
- Muckamore does not have the expertise it once did however the teams have demonstrated that they can care for some of the most challenging patients
- Restoration of this pathway could present an opportunity for the site but could also represent a threat
- The creation of this pathway in another Trust could present an opportunity but could also represent a threat

How we do we achieve an assessment and treatment pathway for service users with a severe learning disability in the short to medium term, pending the development of ***a Regional Model of Care***

Model of Care – Short/Medium

- Following the closure of our last 2 Covid-19 outbreaks on site, we have brought MDTs together to review patient placement.
- The aim is to address inappropriate placement of some patients (eg. 2 non forensic patients in our forensic ward) and continued use of older estate which is not an optimum ward environment
- Set of proposed patient moves now to be shared and talked through with families
- Through achieving these moves, we also wish to create 1 or 2 ward environments with a focus on caring for long stay patients who could more easily 'transition' to supported living or residential care as an interim next step
- We need to assess the viability of doing this on an interim basis without significant capital works and consider new staffing model as wrap around

Model of Care – Long Term

- Options appraisal for future role of Muckamore as permanent home for long stay patients
- Completed in tandem with focussed family engagement to test assumptions
- Assessment and Treatment
- Forensic Services

End

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