Muckamore Abbey Hospital Inquiry

Module 3 – Policy and Procedure

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**MODULE 3 WITNESS STATEMENT**
**ON BEHALF OF BELFAST HEALTH AND SOCIAL CARE TRUST**

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I, Chris Hagan, 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 behalf of the Belfast Trust in response to a request for evidence from the MAH Inquiry Panel dated 9 December 2022. Module 3, addressing "*Policy and Procedure*", is said to be intended to address 13 broad topics or themes set out in the MAH Inquiry correspondence of 9 December 2022.

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

3. It is not possible for any one person in the Belfast Trust to address the matters the MAH Inquiry has asked the Belfast Trust to address in Module 3. Accordingly, while I am the witness statement maker on behalf of the Belfast Trust for the purposes of the MAH Inquiry Module 3 hearings, I make this statement having had the assistance of the following individuals (broadly in the order in which their contributions appear in this statement):

    a. Brona Shaw; Deputy Director of Nursing Quality, Safety and Patient Experience, Belfast Trust;

b. Barbara Millar, Senior Manager, Planning, Performance & Governance, Nursing & User Experience Directorate, Belfast Trust;

c. Dr Peter Sloan, Consultant Psychiatrist in Mental Health; Acting Interim Director for Mental Health & Learning Disability, Belfast Trust;

d. Dr Paul Devine, Consultant in Forensic Psychiatry; Clinical Director, Forensic and Secure Mental Health; Interim Clinical Director, Intellectual Disability Services, Belfast Trust;

e. Claire Cairns, Co-Director Risk & Governance, Belfast Trust;

f. Caroline Parkes, Senior Manager, Occupational Health, Belfast Trust;

g. Colin McMullan, Co-Director, Maternity, ENT, Dental and Sexual Health, former Senior Manager, Risk & Governance Team, Belfast Trust;

h. Philip Boyle, Service Manager, Corporate Standards & Risk Department, Risk & Governance Department, Belfast Trust;

i. Tracy Reid, Interim Executive Director of Social Work, Belfast Trust;

j. Eileen McKay, Deputy Executive Director of Social Work, Belfast Trust;

k. Lindsay Bell, Interim Adult Safeguarding Consultant, MAH Historical Investigation Team, Belfast Trust;

l. Ciara Rooney, Interim Service Manager for Adult Safeguarding Learning Disability Services;

m. Marie McLaughlin, Learning and Development Manager, Belfast Trust;

n. Marie Curran, Service Manager HR, MAH Investigation Team, Belfast Trust;

o. Ann Purse, Social Work and Social Care Learning and Development Manager, Belfast Trust;

p. Deirdre Murray, Clinical Pharmacist;

q. Rachael Lennox, Interim Lead Pharmacist Controlled Drugs and Medicines Management ICT Systems;

r. Dr Sarah Meekin, Consultant Clinical Psychologist and Head of Psychological Services, Belfast Trust;

s. Rosalind Kyle, Assistant Speech and Language Therapy Manager, Belfast Trust;

t. Elaine McConnell, Interim AHP Co-Director and Professional AHP Lead, Belfast Trust;

u. Suzanne Smith, Interim Speech & Language Therapy Assistant Manager, Belfast Trust;

v. Aisling Curran, former Occupational Therapy Manager, Mental Health & Learning Disability Services, Belfast Trust;

w. Catherine Podris, Interim Service Manager for Statutory Supported Living and Residential Services for Learning Disability, former Occupational Therapy Manager, Learning Disability Services, Belfast Trust;

x. Jenny Toland, Interim Occupational Therapy Manager, Learning Disability Services, Belfast Trust;

y. Anne Duffy, Assistant Service Manager Physiotherapy, Belfast Trust;

z. Deirdre Winters, Interim Professional Head of Physiotherapy, Belfast Trust;

aa. Lucy Hull, Dietetics Manager, Belfast Trust;

bb. Marie Heaney, former Director of Adult Social & Primary Care, Belfast Trust;

cc. Maurice O'Kane, former Planning & Performance Manager, Adult Social & Primary Care, Belfast Trust;

dd. Bernie McQuillan, Co-Director Planning & Equality, Belfast Trust;

ee. Magda Keeling, Service Manager, Learning Disability, Belfast Trust;

ff. Fiona Rowan, Interim Divisional Social Work and Social Care Lead, Adult, Community & Older Peoples Services, Belfast Trust;

gg. June Champion, former Co-Director Risk & Governance and Head of Office of Chief Executive;

hh. Rachel Maxwell, Service Manager, Licensing & Regulations, Complaints, Clinical Ethics, Belfast Trust;

ii. Gladys McKibbin, Senior HR Manager, Employee Relations, Belfast Trust;

jj. Roisin McMahon, Interim Divisional Nurse, Intellectual Disability Services;

kk. Jillian McPeak, Community Development Team Member, Belfast Trust;

ll. Jacqui Kennedy, Director of Human Resources and Organisational Development, Belfast Trust;

mm. Alison Kerr, Senior HR Manager, Belfast Trust; and

nn. Robert Henry, Service Manager, Corporate Risk & Governance, Belfast Trust.

4. In retrieving documents, I have also received assistance from members of the Standards and Guidelines Team within the Belfast Trust, including Fiona Gribben, Standards and Guidelines Manager and Annemarie Kerr, Standards & Guidelines Facilitator. I am also aware that some of the above individuals who have assisted with this statement have also had the assistance of the Standards and Guidelines Team.

5. The documents that I refer to in this statement can be found in the exhibit bundle attached to this statement marked "CH1". The 9 December 2022 MAH Inquiry request for evidence can be found at Tab 1 of the exhibit bundle.

**Qualifications and Position of the statement maker, and those who have assisted with the Module 3 statement on behalf of the Belfast Trust**

6. I am a doctor by profession. I am employed by the Belfast Trust. I was appointed a Consultant Urologist in 2004. I held the position of Clinical Lead for Urology in the Belfast Trust between 2006 and 2008. Between 2008 and 2015 I was the Clinical Director for Urology. I became an Associate Medical Director in 2015. Following a significant change to the governance and management structure of the Belfast Trust in 2016, I was appointed Chair of Division in respect of the Children's

Hospital. I held that role between 2016 and 2018. Between 2018 and 2020 I was the Deputy Medical Director of the Belfast Trust. Since 2020 I have been the Belfast Trust's Medical Director. In the role of Medical Director, I am also the "*Responsible Officer*" for 1,090 of the total 2,223 medical staff of the Belfast Trust pursuant to the Medical Profession (Responsible Officers) Regulations (Northern Ireland) 2010. This involves the processes associated with the medical regulator, the General Medical Council.

7. I have already listed above the positions of those individuals who have contributed to this statement. If further information is required in respect of any individual, then that will be provided to the MAH Inquiry.

**Context in respect of Belfast Trust policies and procedures**

8. There are almost 700 operative polices in the Belfast Trust. This is a reflection of the size and complexity of what is a very large health and social care organisation. Those policies, and efforts to ensure compliance with them, are part of a system of governance and assurance designed to see that the care provided by the staff of the Belfast Trust is to a high standard and is as safe as possible.

9. The MAH Inquiry evidence request letter of 9 December 2022 indicated that the primary objective of this phase of evidence included having the panel fully informed as to the "*relevant policies, procedures and practices that were applicable during the timeframe with which the Inquiry is concerned*".

10. The "primary date range" covered the Terms of Reference of the MAH Inquiry is in excess of 20 years. A significant portion of that period also pre-dates the formation of the Belfast Trust. In respect of Module 3, the MAH Inquiry has identified 13 different areas in respect of which information is sought as to the applicable policy and procedures. A number of those areas involve consideration of separate and distinct sub-topics. I, and those who have contributed to this statement, have done all they can in the time available to try to provide the MAH

Inquiry with as comprehensive a picture as possible. Beyond the provision of this witness statement, we will continue to consider with colleagues the issues raised by the MAH Inquiry and will arrange to draw to the attention of the MAH Inquiry any further matters or documents that bear on the issues the MAH Inquiry has asked about.

11. In some cases, the existence of a Belfast Trust policy or procedure arises from, or is the result of, the introduction of a wider national or regional policy, such as a policy introduced by the Department of Health. Where that is the case, we have tried to identify to the MAH Inquiry those wider national and regional documents so that it is possible for the MAH Inquiry to gain as comprehensive an understanding as possible of policy development in a particular area.

12. Despite considerable efforts by the individual contributors to this statement, it has not been possible in the time available to retrieve copies of all relevant documents referred to in this statement. This is particularly the case in relation to historic regional material, much of which is no longer publicly available online. However, it may be that some of the material identified has already been, or can in the future be, provided directly to the MAH Inquiry by the likes of the Department of Health or another of the health and social care bodies involved with the MAH Inquiry.

13. Further, in addition to formal policies and procedures, the Module 3 topics identified by the MAH Inquiry may also have been addressed through the likes of external or internal protocols, guidelines, guidance, strategies, standards or codes of professional practice. These various other contributing forms of policy and procedure are, for instance, defined in Appendix 1 to the August 2020 Belfast Trust policy entitled "*Policy Development and Approval Process*" (TP 84/12), to which I refer in Topic 11 below. Again, where the likes of protocols, guidelines, strategies, standards or professional codes of practice are involved in a particular area, we have sought to identify them to the MAH Inquiry.

14. This statement seeks to identify the policy landscape relevant to each topic only during the timeframe which the MAH Inquiry is considering. It does not generally address the position after June 2021. Accordingly, the substance of the policies and procedures addressed may not in every instance reflect the current position. The Belfast Trust can in due course provide information and material relating to the present position if that is of assistance to the MAH Inquiry. In addition, given the primary objective of this phase of evidence, detailed explanation and comment as to the adequacy and outworkings of the policies and procedures is not addressed in this statement.

15. Before addressing the various topics raised by the MAH Inquiry, I do wish to make clear that such expertise as I have is in the medical field, and in governance relating to medical staff. For many of the subjects addressed in this statement I have, by necessity, relied on colleagues in the relevant fields. Where I have not adequately addressed any issue that the MAH Inquiry is interested in, then, if I cannot provide further information myself, I undertake to take any query away, engage with the appropriate personnel, and subsequently provide an answer to the MAH Inquiry.

**Topic 1 – Policies for delivering health and social care to learning disability patients 1999 to 2021**

16. This topic is extensive because general policies in relation to delivering health and social care inevitably have a bearing on the provision of health and social care to learning disability patients and service users. Some policies will be of more direct relevance than others. In order to compile the list provided below, I have asked each of the contributors to this statement to consider their respective areas and to identify any policies that they consider might fall within the scope of the question posed by the MAH Inquiry. Copies of the identified documents have, where available, been provided behind Tab 2 in the exhibit bundle.

17. The following provisions and policies, set out in chronological order (and not otherwise mentioned in the more specific sections below), would appear to be relevant to the general topic of the provision of health and social care to learning disability patients between 1999 and 2021:

    a. 1995 Department of Health and Social Services ("DHSS")[1] "*Review of Policy for People with a Learning Disability*";

    b. 1997 DHSS "*Health and Wellbeing: Into the Next Millennium: Regional Strategy for 1997-2002*";

    c. 1998 Northern Health and Social Services Board "*Promoting Ability – A Strategy for the Development of Care for People with a Learning Disability*";

    d. March 2001 England and Wales Department of Health "*Valuing People: A New Strategy For Learning Disability for the 21st Century*";

    e. June 2001 Hayes Acute Hospital Report "*A radical challenge*";

    f. 2002 Eastern Health and Social Services Board "*Moving on from Muckamore Abbey Hospital: The outcomes and lessons as perceived by people with learning disabilities; their key-workers, care managers and relatives*";

    g. June 2002 DHSSPS "*Developing Better Services: Modernising Hospitals and Reforming Structures*";

    h. The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (introducing the duty of quality and the five key quality themes of corporate leadership and accountability of organisations, safe and effective care, accessible, flexible and responsive

[1] In December 1996, the DHSS became the Department of Health, Social Services and Public Safety ("DHSSPS") and in May 2016 became the Department of Health ("DoH").

services, promoting, protecting and improving health and social well-being, and effective communication and information;

i. January 2003 DHSSPS "*Promoting Mental Health. Strategy & Action Plan 2003-2008*";

j. 2004 DHSSPS "*A Healthier Future : a twenty year vision for health and well-being in Northern Ireland 2005−2025*";

k. 2004 National Patient Safety Agency "*Understanding The Patient Safety Issues For People With Learning Disabilities*";

l. June 2005 "*A Strategic Framework for Adult Mental Health Services*", by the Bamford Review of Mental Health and Learning Disability (Northern Ireland). A copy is provided as part of the Belfast Trust's Module 1 witness statement;

m. August 2005 Appleby "*Independent Review of Health and Social Care Services in Northern Ireland*";

n. September 2005 "*Equal Lives; Review of Policy and Services for People with a Learning Disability in Northern Ireland*" by the Bamford Review of Mental Health and Learning Disability (Northern Ireland). A copy is provided as part of the Belfast Trust's Module 1 witness statement;

o. March 2006 DHSSPS "*The Quality Standards for Health and Social Care*";

p. October 2006 "*Forensic Services*" by the Bamford Review of Mental Health and Learning Disability (Northern Ireland). A copy is provided as part of the Belfast Trust's Module 1 witness statement;

q. October 2006 "*Human Rights and Equality of Opportunity*" by the Bamford Review of Mental Health and Learning Disability (Northern Ireland). A copy is provided as part of the Belfast Trust's Module 1 witness statement;

r. June 2007 "*Living Fuller Lives*" by the Bamford Review of Mental Health and Learning Disability (Northern Ireland). A copy is provided as part of the Belfast Trust's Module 1 witness statement;

s. June 2007 DHSSPS "*Complex Needs: The Nursing Response to Children and Young People with Complex Physical Healthcare Needs*";

t. August 2007 "*A Comprehensive Legislative Framework*" by the Bamford Review of Mental Health and Learning Disability (Northern Ireland). A copy is provided as part of the Belfast Trust's Module 1 witness statement;

u. October 2007 England Department of Health "*Services for people with learning disabilities and challenging behaviour or mental health needs*";

v. May 2009 DHSSPS "*Integrated Care Pathway for Children and Young People with Complex Physical Healthcare Needs*";

w. October 2009 DHSSPS "*Delivering the Bamford Vision: The Response of the Northern Ireland Executive to the Bamford Review of Mental Health and Learning Disability, Action Plan 2009-2011*". A copy is provided as part of the Belfast Trust's Module 1 witness statement;

x. October 2009 Royal College of Psychiatrists *"Standards for Adult Inpatient Learning Disability Units*" (first edition);

y. June 2010 Guidelines and Audit Implementation Network ("GAIN") "*Guidelines on caring for people with a learning disability in general hospital settings*";

z. February 2011 Her Majesty's Government "*No Health Without Mental Health: A Cross-Government Mental Health Outcomes Strategy for People of All Ages*";

aa. March 2011 Appleby "*Rapid review of Northern Ireland Health and Social Care funding needs and the productivity challenge 2011/12 – 2014/15*";

bb. December 2011 DHSSPS "*Transforming Your Care: A Review of Health and Social Care in Northern Ireland*";

cc. 2012 DHSSPS "*Service Framework for Learning Disability*";

dd. February 2012 National Institute for Health and Care Excellence ("NICE") Clinical Guideline CG138 "*Patient experience in adult NHS services: improving the experience of care for people using adult NHS services*";

ee. April 2012 UK Modernising Learning Disabilities Nursing Review Report "*Strengthening the Commitment*";

ff. June 2012 NICE Clinical Guideline CG142 "A*utism spectrum disorder in adults: diagnosis and management*";

gg. November 2012 DHSSPS "*Delivering the Bamford Vision: The Response of the Northern Ireland Executive to the Bamford Review of Mental Health and Learning Disability, Action Plan 2012-2015*". A copy is provided as part of the Belfast Trust's Module 1 witness statement;

hh. July 2013 Royal College of Psychiatrists FR/ID/03 "*People with learning disability and mental health, behavioural or forensic problems: the role of in-patient services*";

ii. 2014 Transforming Care and Commissioning Steering Group (chaired by Sir Stephen Bubb) "*Winterbourne View – Time for Change. Transforming the commissioning of services for people with learning disabilities and/or autism*";

jj. February 2014 NHS England & Local Government Association "*Ensuring quality services: Core principles for the commissioning of services for children, young people, adults and older people with learning disabilities and/or autism who display or are at risk of displaying behaviour that challenges*";

kk. December 2014 Donaldson Review "*The Right Time, The Right Place. An expert examination of the application of health and social care governance arrangements for ensuring the quality of care provision in Northern Ireland*";

ll. January 2015 DHSSPS revised "*Service Framework for Learning Disability*".

mm. May 2015 Royal College of Psychiatrists FR/ID/06 "*Community-based services for people with intellectual disability and mental health problems*";

nn. October 2015 NHS England, Local Government Association & Association of Directors of Adult Social Services ("ADASS"), "*Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition. Service model for commissioners of health and social care services*";

oo. October 2015 NICE Quality Standard 101 "*Learning Disability: behaviour that challenges*";

pp. July 2016 Royal College of Psychiatrists Quality Network for Learning Disability Services ("QNLD") "*Standards for adult inpatient learning disability services*" (third edition). Please note that the Belfast Trust has so far been unable to retrieve a copy of the second edition of these standards;

qq. August 2016 NICE Guideline 53 "*Transition between inpatient mental health settings and community or care home settings*";

rr. September 2016 NICE Guideline 54 "*Mental health problems in people with learning disabilities: prevention, assessment and management*";

ss. October 2016 DoH "*Systems not Structures – Changing Health and Social Care" (known as the Bengoa Report)*;

tt. October 2016 DoH "*Health and Wellbeing 2026: Delivering Together*";

uu. January 2017 NICE Quality Standard 142 "*Learning disability: identifying and managing mental health problems*";

vv. December 2017 DoH "*Power to People: Proposals to reboot adult care & support in N.I.*";

ww. March 2018 NICE Guideline 93 "*Learning disabilities and behaviour that challenges: service design and delivery*";

xx. April 2018 NICE Guideline 96 "*Care and support of people growing older with learning disabilities*";

yy. June 2018 RQIA Guidelines "*Guidelines on Caring for People with a Learning Disability in General Hospital Settings*";

zz. March 2020 Royal College of Psychiatrists CR226 "*Mental health services for adults with mild intellectual disability*";

aaa. March 2021 Royal College of Psychiatrists QNLD "*Standards for Inpatient Learning Disability Services*" (fourth edition); and

bbb. 2021 DoH "*We Matter: Learning Disability Service Model For Northern Ireland*". The Belfast Trust only holds a draft copy of this document which has not yet been published by the Department of Health. The copy draft report has been exhibited to this witness statement.

18. Further, many, if not all, of the policies listed below, addressing more specific topics, could also be listed in this section. In the interests of brevity they are not included in Topic 1 to avoid repetition, but I trust the MAH Inquiry will understand that the above list should not be considered in isolation. There is also overlap between the specific topics which, for clarity, are addressed in turn.

**Topic 2 – Nursing care delivery model**

19. In order to be able to address this topic I have drawn on the expertise of the following individuals involved with nursing in the Belfast Trust:

    a. Brona Shaw, Deputy Director of Nursing Quality, Safety and Patient Experience in the Belfast Trust (since January 2019); and

    b. Barbara Millar, Senior Manager for Planning, Performance & Governance, Nursing & User Experience Directorate, Belfast Trust.

20. By "*nursing care delivery model*", the Belfast Trust understands the MAH Inquiry to be referring to the departmental policy framework for nursing and midwifery workforce planning known as "*Delivering Care*". The "*Delivering Care*" project has provided a 2014 "*Delivering Care: Nurse Staffing in Northern Ireland" Framework (the Delivering Care Framework).* In this regard, I refer to the following core framework publications, copies of which can be found behind Tab 3 of the exhibit bundle.:

    a. "*Delivering Care: Nurse Staffing in Northern Ireland. Section 1: Strategic Direction and Rationale for general and specialist medical and surgical adult in-hospital care settings*"; and

    b. "*Delivering Care: Nurse Staffing in Northern Ireland. Section 2: Using the Framework for general and specialist medical and surgical adult in-hospital care settings*".

21. The "*Delivering Care*" policy framework was introduced regionally by the DHSSPS in March 2014 in order to support the strategic vision identified in the 2010 DHSSPS publication "*A Partnership for Care: Northern Ireland Strategy for Nursing and Midwifery 2010 – 2015*". A copy is provided behind Tab 3 in the exhibit bundle. The 2010 strategy in turn reflects and builds on the themes contained in the nursing and midwifery strategies published by each of the five HSC Trusts during 2008/2009. As set out at page 5 of the 2010 document, in the case of the Belfast Trust, this was the "*Striking the balance 2009-2012*" publication.

22. More specifically, the "*Delivering Care Framework*" is intended to support the provision of safe, effective and high-quality care in both hospital and community settings through the development of safe staffing models and ranges for the nursing and midwifery workforce across a range of specialities and to identify and implement sufficient staffing levels in the various settings.

23. The *Delivering Care Framework* has been commissioned in phases, with each addressing a different clinical care setting. Each phase is commissioned by the Chief Nursing Officer within the Department of Health (the CNO). Implementation is overseen by a central steering group, supported by a working group and expert reference group for each phase, and is led by the Public Health Agency (PHA).

24. Each phase follows an agreed methodology and best evidence, building on the methodology and learning of previous phases. In broad terms, the methodology is "*Quadruple Aim*", which focuses on population health and wellbeing, safety, quality and experience, and cost and value. Further, the framework recognises that effective workforce planning processes triangulate findings from recognised workforce planning tools alongside Key Performance Indicators (KPIs). It also includes extensive consultation with a range of stakeholders including commissioners and service providers, nurse managers, front-line staff and personal and public involvement, professional and staff side organisations. On

completion of planning, each phase requires approval and sign-off from the CNO. Funding is then required to implement the agreed staffing models of each phase and to begin recruitment of the additional nurses.

25. Phase 9 concerns learning disability nursing, inpatient and community care settings and is currently underway, but is not complete.

26. The ongoing implementation and progression of the *Delivering Care Framework* has highlighted a significant disparity between actual staffing levels across care settings and the staffing models identified for the optimum delivery of safe and effective care. Since the October 2016 DoH publication "*Health and Wellbeing 2026: Delivering Together*" (referred to in Topic 1 above), the DoH has provided over £50 million in transformation funding to contribute to safe staffing within nursing and midwifery in Northern Ireland. The investment has been in three key areas: workforce stabilisation; workforce development; and service development and reform. The application of the investment is addressed in more detail in the March 2020 Nursing and Midwifery Task Group ("*NMTG*") "*Report and Recommendations*". A copy of this report is contained within Tab 3 of the exhibit bundle.

27. Within the Belfast Trust, an Oversight Group was established to manage the 2021/2022 *Delivering Care Framework* funding from an operational, financial and Human Resources perspective and to ensure that new posts were advertised and interviewed for, and appointments made, within the timeframe identified by the PHA.

28. The indicative investment within Belfast Trust Learning Disability Services is for:

    a. One Band 8B Consultant Nurse;

    b. One Band 8A Advanced Nurse Practitioner; and

c. 2 x Band 7 Nurses.

29. The purpose of the investment is:

a. To provide a safe and effective learning disability inpatient nursing service that delivers evidence-based care and nurse led therapeutic interventions within inpatient environments over a 7-day period;

b. To develop processes to address the health inequalities outlined in the needs assessment for learning disability patients;

c. To ensure that there are sufficient senior nurses to provide safe and effective care across the lifespan within both hospital and community settings who will provide clinical and care leadership; and

d. To ensure safe, effective user experience with better outcomes.

30. The Band 8A Advanced Nurse Practitioner post remains vacant as previous recruitment exercises have not been successful. However, further interviews have been scheduled for the end of February 2023.

31. Nursing workforce planning is addressed in further detail in the Belfast Trust's Module 4 response.

**Topic 3 – Policies regarding restraint/seclusion**

32. In identifying and retrieving the documents to which I refer in this section, I have drawn on the assistance of:

a. Dr Peter Sloan, Consultant Psychiatrist in Mental Health, and Acting Interim Director for Mental Health & Learning Disability within the Belfast Trust; and

b. Dr Paul Devine, Consultant in Forensic Psychiatry; Clinical Director, Forensic and Secure Mental Health; Interim Clinical Director, Intellectual Disability Services, within the Belfast Trust.

33. As with the material relating to each topic, all care has been taken, in the time available, to try to identify and provide all relevant documents. However, neither Dr Sloan nor Dr Devine are experts in relation to this particular subject area. Each has been involved with MAH only since August 2022. Accordingly, the material identified may not necessarily reflect an exhaustive list of all relevant documents. However, the Belfast Trust will continue to consider this issue and if any further relevant documents are identified then they will be provided to the MAH Inquiry.

34. It is important to note that the two specific areas which the MAH Inquiry has asked the Belfast Trust to address, restraint and seclusion, are two forms of what are commonly referred to as "*restrictive interventions*". Restrictive interventions are a subset of restrictive practices more broadly.

35. The term "restrictive interventions" has been defined in the 2014 England Wales Department of Health "*Positive and Proactive Care; reducing the need for restrictive interventions*" document (further referred to below) as "*deliberate acts on the part of other person(s) that restrict a person's movement, liberty and/or freedom to act independently in order to: take immediate control of a dangerous situation where there is a real possibility of harm to the person or others if no action is undertaken; and end or reduce significantly the danger to the person or others; and contain or limit the person's freedom for no longer than is necessary*".

36. In the learning disability and mental health context, the use of restrictive interventions is well recognised as a legitimate and necessary means to manage challenging behaviour associated with aggression, violence and behavioural disturbance which places staff or others at risk of injury. Physical restraint is a form of physical intervention alongside the use of physical holds (sometimes referred to

as "*clinical holding*"). In addition to physical intervention and seclusion, other types of "*restrictive interventions*" include:

a. Pharmacological/chemical restrictions – i.e. the use of medication which is prescribed and administered for the purposes of controlling or subduing acute behavioural disturbance, or for the management of ongoing behavioural disturbance;

b. Mechanical restrictions – i.e. the use of a device to prevent, restrict or subdue movement of a person's body, or part of the body, for the primary purpose of behavioural control;

c. Environmental restrictions – i.e. the use of obstacles, barriers or locks to prevent a person from moving around; and

d. Social restrictions – i.e. the use of limits on access to socially integrated activities.

37. Accordingly, important policies and procedural guidance relating to the use of physical restraint and seclusion are often contained within material relating to the use of restrictive interventions more generally.

38. In this regard, the following documents, set out in chronological order, reflect the key national and regional policies and guidance relating to the use of restraint and/or seclusion. Where available, copies are provided at Tab 4 of the exhibit bundle:

a. 1992 DHSS Mental Health (Northern Ireland) Order 1986 "*Code of Practice*";

b. 1998 Royal College of Psychiatrists Research Unit "*The Management of Imminent Violence (Occasional Paper): Clinical Guidelines to Support Mental Health Services*";

c. 2002 Department of Health and Department for Education and Skills England "*Guidance for Restrictive Physical Interventions: How to provide safe services for people with Learning Disabilities and Autistic Spectrum Disorder*";

d. July 2002 Department of Health and Department for Education and Skills England "*Guidance on the Use of Restrictive Physical Interventions for Staff Working with Children and Adults who Display Extreme Behaviour in Association with Learning Disability and/or Autistic Spectrum Disorders*";

e. March 2003 DHSSPS "*Seeking Consent: Working with people with learning disabilities*";

f. March 2003 DHSSPS "*Good Practice in Consent: Consent for Examination, Treatment and Care*";

g. February 2004 National Institute for Mental Health in England "*Mental Health Policy Implementation Guide. Developing Positive Practice to Support the Safe and Therapeutic Management of Aggression and Violence in Mental Health In-patient Settings*";

h. February 2005 NICE Clinical Practice Guidelines "*Violence: The short-term management of disturbed/violent behaviour in in-patient psychiatric setting and emergency departments*" (CG25);

i. August 2005 DHSSPS Human Rights Working Group on Restraint and Seclusion: "*Guidance on Restraint and Seclusion in Health and Personal Social Services*";

j. 2006 British Institute of Learning Disabilities (BILD) "*Code of Practice for the use of physical interventions: a guide for trainers and commissioners of training*";

k. November 2006 DHSSPS "*Improving Patient Safety: Building Public Confidence*";

l. 2007 National Neurosciences Benchmarking Group "*Use of restrictive practices*";

m. June 2007 Royal College of Psychiatrists, British Psychological Society and Royal College of Speech and Language Therapists CR144 "*Challenging Behaviour: A Unified Approach Clinical and service guidelines for supporting people with learning disabilities who are at risk of receiving abusive or restrictive practices*";

n. 2008 BILD "*Physical Interventions: A Procedure Framework*" (Second Edition);

o. 2008 Ministry of Justice "*Deprivation of Liberty Safeguards Code of Practice to supplement the main Mental Capacity Act 2005 Code of Practice*";

p. March 2008 Royal College of Nursing "*Let's talk about restraint; rights, risk and responsibility*";

q. 2010 BILD "*Code of Practice for the Use and Reduction of Restrictive Physical Interventions: A Guide for Trainers and Commissioners of Training*";

r. 2010 Skills for Security "*Physical Intervention: reducing risk. A guide to good practice for employers of security personnel operating in healthcare settings*";

s. October 2010 DHSSPS "*DEPRIVATION OF LIBERTY SAFEGUARDS (DOLS) – Interim Guidance*";

t. December 2010 South London and Maudsley NHS Foundation Trust and South West London and St George's Mental Health NHS Trust Position Statement by Consultant Psychiatrists "*Recovery is for All: Hope, Agency and Opportunity in Psychiatry*";

u. December 2012 Department of Health England Review "*Transforming care: A national response to Winterbourne View Hospital*";

v. January 2013 Mental Health Commission "*Seclusion and Physical Restraint Reduction Strategy*" Consultation Report;

w. February 2013 Robert Francis QC "*Report of the Mid-Staffordshire NHS Foundation Trust Public Inquiry: Executive Summary*";

x. 2013 British Institute of Human Rights paper "*The Difference it Makes: Putting human rights at the heart of health and social care*";

y. June 2013 MIND "*Mental Health Crisis Care: physical restraint in crisis*";

z. December 2013 NHS Protect "*Meeting Needs and Reducing Distress: Guidance on the prevention and management of clinically related challenging behaviour in NHS settings*";

aa. 2014 BILD "*Code of practice for minimising the use of restrictive physical interventions: planning, developing and delivering training*";

bb. January 2014 Department of Health England "*Closing the Gap: priorities for essential change in mental health*";

cc. February 2014 Department of Health England "*Mental Health Crisis Care Concordat – Improving outcomes for people experiencing mental health crisis*";

dd. April 2014 Department of Health England policy "*Positive and Proactive Care: reducing the need for restrictive interventions*";

ee. April 2014 Skills for Care, Skills for Health and Department of Health England "*A positive and proactive workforce: A guide to workforce development for commissioners and employers seeking to minimise the use of restrictive practice in social care and health*";

ff. May 2015 NICE Guideline 11 "*Challenging behaviour and learning disabilities: Prevention and interventions for people with learning disabilities whose behaviour challenges*";

gg. May 2015 NICE Guideline 10 "*Violence and aggression: short-term management in mental health, health and community settings*";

hh. 2017 Royal College of Nursing "*Three Steps to Positive Practice: A rights based approach when considering and reviewing the use of restrictive interventions*";

ii. March 2018 Royal College of Psychiatrists CR220 "*Restrictive interventions in in-patient intellectual disability services: How to record, monitor and regulate*";

jj. March 2019 England's Equality and Human Rights Commission "*Human rights framework for restraint: Principles for the lawful use of physical, chemical, mechanical and coercive restrictive interventions*";

kk. April 2019 Restraint Reduction Network "*Training Standards*" (version 1);

ll. June 2019 Her Majesty's Government *"Reducing the Need for Restraint and Restrictive Intervention";*

mm. August 2019 Restraint Reduction Network "*Training Standards 2019*" (version 1.1);

nn. January 2020 Restraint Reduction Network "*Training Standards*" (version 1.2)

oo. October 2020 Care Quality Commission "*Out of Sight, Who Cares? A review of restraint, seclusion and segregation for autistic people, and people with a learning disability and/or mental health condition*";

pp. 2022 HSCNI "*Regional Guideline for the Management of Acutely Disturbed Behaviour (ADB) through the use of Pharmacological De-escalation and Rapid*

*Tranquillisation*". This is the first regional guideline in relation to Rapid Tranquilisation; and

qq. BILD online resource on Positive Behaviour Support and Reducing Restrictive Interventions.

39. Further to the above contextual material, the relevant Belfast Trust (and, where available, legacy Trust) policies regarding restraint and seclusion and provided at Tab 4 of the exhibit bundle include:

a. November 2005 Green Park Healthcare Trust "*Policy and Procedural Arrangements Relating to Dealing with Violent Behaviour and Restraint*" (version 3);

b. June 2010 Belfast Trust "*Use of Physical Intervention by Staff from Mental Health and Learning Disability Services*" (SG 15/09) (version 1);

c. August 2010 Belfast Trust "*Use of Restrictive Practices in Adults*" (SG 15/09) (version 1);

d. January 2011 Belfast Trust "*Use of Restrictive Practices in Adults*" (SG 15/09) (version 2);

e. May 2015 Belfast Trust "*Use of Restrictive Interventions for Adult & Children's Services*" (SG 15/09) (version 3);

f. June 2016 Belfast Trust "*Use of Physical Intervention Procedure by staff from Mental Health and Learning Disability Services (Children and Adults)*" (SG 41/16) (version 1); and

g. November 2016 Belfast Trust "*Seclusion within Learning Disability Inpatient Services (Children and Adults) Procedur*e" (SG 45/16) (version 1).

40. Other Belfast Trust policies which may be of interest to the MAH Inquiry in the broader context of restrictive interventions include the following (copies of which are again provided at Tab 4):

    a. 2012 Belfast Trust "*Rapid Tranquilisation Guideline for the immediate pharmacological management of violent and aggressive behaviour in adults and adolescent patients in the Belfast Health and Social Care Trust*" (version 1);

    b. November 2013 Belfast Trust "*Observations within Mental Health Services*" (SG 35/13) (version 1);

    c. November 2013 Belfast Trust "*Levels of Supervision/Observations within Learning Disability Inpatient Services*" (SG 33/13) (version 1);

    d. September 2015 Belfast Trust "*Policy to be followed when obtaining consent in examination, treatment or care in adults or children*" (SG 27/13) (version 1);

    e. June 2016 Belfast Trust "*Observations within Mental Health Services Inpatient Units*" (SG 35/13) (version 2);

    f. February 2017 Belfast Trust "*Rapid Tranquilisation Guideline for the Pharmacological Management of Violent and Aggressive Behaviour in Adults, Children and Young People in Inpatient Units*" (SG 44/12) (version 2); and

    g. February 2020 Belfast Trust "*Observations within Mental Health Services Inpatient Units*" (SG 35/13) (version 3).

41. In addressing the policy landscape in this area, I consider it important to add that in late 2021, the DoH ran a consultation on a new draft regional policy: "*Regional Policy on the Use of Restrictive Practices in Health and Social Care Settings and Regional*

*Operational Procedure for the Use of Seclusion*". A copy of the Consultation Document is provided behind Tab 4 of the exhibit bundle.

42. This work was led by the Adult Mental Health Unit in the DoH but will impact on all services where there is potential for use of restrictive interventions, including learning disability services and children's and older people services. The consultation period ended in October 2021. However, the final regional policy has not yet been published.

43. I am aware that in developing and articulating a draft regional policy for consultation, the DoH identified a particular challenge relating to differences in the terminology used to describe restrictive interventions. In response to that concern, the Development Working Group for the policy produced an umbrella definition of restrictive practices, under which other definitions would fall, which they intended to adopt as part of the regional policy. In February 2021, this was shared with HSC Trusts (and it was shared internally with Belfast Trust Directors and Directorates) for review and for any amendments to be proposed. A copy is provided behind Tab 4 of the exhibit bundle, together with a copy of the Belfast Trust's response which followed in March 2021.

44. For context, it is also important to note that the Belfast Trust's May 2015 policy "*Use of Restrictive Interventions for Adult & Children's Services*" (SG 15/09) has since been updated. Version 4 of this policy, now entitled "*Restrictive Practices Policy for Adults and Children*" became operational in February 2022. A copy is provided at Tab 4.

45. For completeness, the Belfast Trust has also updated its 2017 policy on Rapid Tranquilisation (SG 44/12) with effect from April 2022. A copy of the updated policy, now entitled Belfast Trust "*Regional Guideline for the Management of Acutely Disturbed Behaviour (ADB) through the use of Pharmacological Deescalation and Rapid Tranquillisation*" (BHSCT/ASPC/MH (12) 2022) (version 3) is provided behind Tab 4 of the exhibit bundle. This update implements within the Belfast Trust the new

HSCNI regional guideline in this area which I have already identified above. A copy of the regional guideline is provided at Appendix A of the April 2022 policy.

46. Training material relating to the use of restraint and seclusion is also likely to be relevant to the work of the MAH Inquiry as it assists with operationalising the policies and procedures. The detail of such training is addressed as part of the Belfast Trust's Module 4 response.

47. In addition to those matters which the MAH Inquiry has specifically asked the Belfast Trust to address in this statement, it may also be helpful to the MAH Inquiry if I also address certain policies relating to the management of violence and aggression and the structure of the specialist teams which manage restrictive interventions training within the Belfast Trust.

**Other – Management of violence and aggression policies**

48. In providing the following overview, I have been assisted by:

    a. Claire Cairns, Co Director Risk & Governance, Belfast Trust;

    b. Caroline Parkes, Senior Manager, Occupational Health, Belfast Trust;

    c. Colin McMullan, Co-Director, Maternity, ENT, Dental and Sexual Health, previously Senior Manager in the Risk & Corporate Governance Team; and

    d. Philip Boyle Service Manager, Corporate Risk & Governance, Belfast Trust.

49. The first team is the Belfast Trust's Restrictive Practice team (the "Trust Team"). The Trust Team was formerly known as the "Management of Aggression" team and is sometimes referred to as the "corporate MoAT" team. The Trust Team is based at Knockbracken. Initially, the Trust Team was managed by the Belfast Trust's Risk and Governance Department. However, since around September

2013, the Trust Team has been managed through the Occupational Health Service under the Human Resources Directorate. The Trust Team lead is currently Anne Brannigan, who reports to Caroline Parkes.

50. The second team is the Restrictive Practice team (formerly known as the "Management of Aggression") team based at MAH (the "MAH Team") which is managed through the Mental Health & Intellectual Disability Directorate. The MAH Team is currently managed by Billie Hughes.

51. The Trust Team is responsible for the development, implementation, communication and on-going review of the Belfast Trust's "*Restraint Reduction Framework*" and the following Belfast Trust policies in this area:

    a. "*Use of Restrictive Interventions for Adult & Children's Services*" (S&G 15/09). The iterations of this policy during the period with which the MAH Inquiry is concerned are addressed in Topic 3 above. Each iteration has been co-authored by an Advisor/Trainer on Management of Aggression within the Trust Team;

    b. "*A Zero Tolerance approach to the Prevention and Management of Aggression and Violence Towards Staff in the Workplace*". The latest versions of this policy were co-authored by Anne Brannigan and Caroline Parkes. There have been the following iterations, copies of which are provided at Tab 5:

        i. January 2008 "*A Zero Tolerance Approach to the Prevention and Management of Violence and Aggression in the Workplace*" (TP 02/08) (version 1);

        ii. April 2010 "*A Zero Tolerance Approach to the Prevention and Management of Violence and Aggression in the Workplace*" (TP 02/08) (version 2);

iii. June 2014 "*A Zero Tolerance Approach to the Prevention and Management of Aggression & Violence Towards Staff in the Workplace*" (TP 02/08) (version 3); and

iv. August 2019 "*A Zero Tolerance Approach to the Prevention and Management of Aggression and Violence Towards Staff in the Workplace*" (TP 02/08) (version 4);

c. "*Procedure on CS Spray Contamination*". The August 2009 version of this policy is provided at Tab 5. Please note that, although stated to be "version 4", it appears that the previous versions of this policy remained in draft form such that the document provided reflects the first effective version.

52. The Trust Team is also responsible for managing the provision of the mandatory training programmes on the management of aggression, other than within the areas covered by the MAH MAPA, TCI and SCIP training teams.

53. The Restrictive Interventions policy requires staff training in this area to be identified by using a risk-based "*training needs analysis*" for each service area. An example can be found at pages 20-25 of the 2019 version of the Belfast Trust "Zero Tolerance" policy; the Zero Tolerance Risk Assessment and Training Needs Analysis must address specific matters and comply with the 2008 DHSSPS "*Zero Tolerance on Abuse of Staff: Regional Training Strategy for the Management of Aggression and Violence*". The regional policy is in turn underpinned by health and safety legislation, which places a duty on HSC Trusts to provide a safe and secure environment and support for staff and others and to undertake risk assessments. The Trust Team are an important support for managers in the completion of the risk assessments.

54. The dual strategic and training responsibilities of the Trust Team ensure a joined-up approach between the training provided and the Belfast Trust policies and procedures governing the use of restrictive interventions.

55. The role of the MAH Team is to provide a training function within MAH to build staff capabilities in managing challenging situations and behaviour in ways that prioritise care and minimise risk in relation to both inpatient and community learning disability services. The MAH Team also oversees the provision of training at Iveagh.

56. Training in the use of restrictive interventions must be accredited and provided by a certified training organisation in order to ensure quality and consistency across the Belfast Trust. Each of the management of aggression teams are separately licenced by the Crisis Prevention Institute (the "CPI") to provide restrictive interventions training within the Belfast Trust. The CPI maintains ownership of the "*Safety Intervention*" ("SI") Training model adopted by both teams. The SI Training model is certified by the BILD Association of Certified Training, under the Restraint Reduction Network Training Standards (referred to in Topic 3 above). This model was formerly known as the "*MAPA*" (management of actual and potential aggression) Model. Since 1 April 2021, SI certification has been a legal requirement for all NHS commissioned mental health services and will become a statutory requirement for all health and social care providers. Should it assist the MAH Inquiry, the Belfast Trust can provide examples of the relevant CPI certifications.

57. This means that both management of aggression teams use training materials provided by the CPI. The focus of the CPI SI Training is on prevention, including proactive preventative approaches aimed at de-escalation based on behaviour assessment as well as preventative interventions, disengagements and holding skills. It emphasises physical intervention as a last resort, with the least-restrictive

physical intervention to be deployed only where necessary to respond to the appropriate level of risk, properly assessed.

58. The SI (and previously MAPA) programme is externally audited by CPI. CPI visits the relevant training site within the first year following approval, and thereafter every three years. It then reports its findings to the Belfast Trust, thereby providing assurance and highlighting areas of good practice and areas for further work. The Belfast Trust can provide an example of a verification report if that would assist the MAH Inquiry.

59. Further, within the two years between CPI verification visits, the licence arrangement (managed by each team separately) includes an annual "*support day*" to the accredited training team, which may also take the form of a further centre verification visit (if preferred by the organisation).

60. Internal audit of the training delivery is also required in order to meet CPI standards. Internal audit takes place bi-annually in each facility where training is delivered. This is done by the ATC Coordinator within each team by using a Restraint Reduction Network validated audit tool. CPI also provide ongoing support and guidance to both the Trust Team and the MAH Team instructors in order to ensure consistency in the delivery of training across the Trust and to provide assurance.

61. Finally, the adoption of the CPI SI model has enabled the Belfast Trust teams to join with restrictive practice/management of aggression teams within other Northern Ireland HSC Trusts in joint support days and standardisation meetings. This enables a broad sharing of knowledge and discussion of training delivery.

62. I do not at this stage endeavour to address other forms of behavioural management training which the Belfast Trust has adopted over time. One example is "*Reinforce Appropriate, Implode Disruption*" ("RAID") training. RAID Training is provided by Association of Psychological Therapies ("APT") and involves a positive approach

to working with disturbed and challenging behaviour, to eradicate it at source. It is a comprehensive system which teaches professionals a philosophy and practice not only to deal with disturbed and challenging behaviour when it occurs, but also to prevent it by nurturing positive behaviour targeted to displace the disturbed and challenging behaviour. From 2016, RAID training was offered to Belfast Trust Band 6, 7 and 8A nursing staff.

63. By way of illustration and to assist the MAH Inquiry, the Risk & Governance Team has collated the relevant data concerning violence and aggression incidents at MAH specifically for the period since the Belfast Trust's DATIX records commenced. The overview charts, provided behind Tab 5 in the exhibit bundle, reflect the incident figures in the following key areas in the period from January 2009 to December 2022:

    a. Inappropriate/aggressive behaviour towards a patient by staff;

    b. Inappropriate/aggressive behaviour towards a patient by another patient;

    c. Inappropriate/aggressive behaviour towards staff by a patient; and

    d. Inappropriate/aggressive behaviour towards staff by staff.

**Topic 4 – Safeguarding policies**

64. It is important that I make clear that I am not an expert in the background to, and development of, the subject of "Adult Safeguarding". Traditionally, whilst Adult Safeguarding is the responsibility of all staff, the developmental work and investigative responsibility for Adult Safeguarding has been led by social workers. This has been the position within the Belfast Trust. In order to draw together the relevant material, and try to summarise the position for the benefit of the MAH Inquiry, I have drawn on the expertise of social work colleagues, including:

a. Tracy Reid, Interim Executive Director of Social Work within the Belfast Trust. Ms Reid has worked in a Social Work role within the Belfast Trust since 2005, across a range of programmes of care, including Hospital Social Work, Physical and Sensory Disability, Older People's Services and Adult Safeguarding, holding a range of senior positions. Ms Reid has worked within Learning Disability Services since 2022;

b. Eileen McKay, Deputy Executive Director of Social Work, Belfast Trust;

c. Lindsay Bell, Interim Service Manager for the Adult Safeguarding MAH Historical team (this team deals with the March to September 2017 CCTV referrals). Ms Bell worked in the Belfast Trust's Adult Protection Gateway team between 2014 and 2020, as both an Investigating Officer (IO) and a Designated Adult protection Officer (DAPO);

d. Ciara Rooney, Interim Service Manager for Adult Safeguarding Learning Disability Services, Belfast Trust;

e. Marie McLaughlin, Learning and Development Manager, Belfast Trust;

f. Marie Curran, Service Manager HR, MAH Investigation Team; and

g. Ann Purse, Social Work and Social Care Learning and Development Manager, Belfast Trust.

65. In December 2020, the then Minister for Health described the concept of adult safeguarding as being "*about protecting an adult's right to live in safety, free from abuse, exploitation and neglect*". Perhaps an even simpler way of describing adult safeguarding might be to say that it is "about keeping adults safe from harm".

66. Notwithstanding that the concept might be simply stated, the material set out below and to be considered by the MAH Inquiry will demonstrate that the regional system has struggled to find a settled way of giving meaningful effect to the principle. When jointly introducing the present regional policy in 2015 the then Minister for Justice and the then Minister for Health, Social Services and Public Safety acknowledged that "*Safeguarding adults is complex and challenging*".

67. Over time the written policies and procedures, and the systems they describe, have become increasingly detailed, but these in themselves have not been sufficient to prevent cases of abuse (used in the broadest sense) in social care institutions such as care homes for the elderly, or in learning disability facilities such as MAH.

68. The present system, in response to a series of recent reports referenced below, is about to undergo significant further change. The Department of Health intends to have the Northern Ireland Assembly enact a new Adult Protection Bill. For ease of reference, I include a copy of the relevant proposals within the material identified below. Alongside the new Bill, the Department of Health also intends to introduce new statutory guidance (which is to be the subject of further public consultation). The new statutory guidance will replace the present operative 2015 regional adult safeguarding policy referred to below.

69. Whilst it is possible to identify the operative regional and local adult safeguarding policies that applied at the time of the events under consideration by the MAH Inquiry, to do so in isolation would also potentially give a misleading picture of the scale of the issues that arise in this area. Therefore, for the assistance of the MAH Inquiry, set out below, in chronological order, are the main policy documents and reports (both regional and local) that, when read together, broadly chart how adult safeguarding has developed in Northern Ireland, and how it continues to change. Copies of all available documents are provided at Tab 6 of the exhibit bundle:

    a. 1996 DHSS Guidance on Abuse of Vulnerable Adults;

b. March 1996 "*Protocol for Joint Investigation by Social Workers and Police Officers of alleged and suspected cases of child abuse*" (second edition);

c. May 1997 Eastern Health and Social Services Board "*Policy and Procedures for the Protection of Vulnerable Adults*";

d. July 1997 North and West Belfast Health and Social Services Trust "*Policy on the Protection of Vulnerable Adults*" policy (please note that this is stated to be a "*draft*" policy);

e. October 1997 Eastern Health and Social Services Board "*Policy and Procedures for the Protection of Vulnerable Adults*" (second edition);

f. 1998 RGH Trust "*Protection of Vulnerable Adults*" Policy Statement;

g. 1998 "*Protocol for Joint Investigation by Social Workers and Police Officers of alleged and suspected cases of child abuse*" (third edition);

h. March 2000 Home Office/Department of Health England "*No secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse*";

i. May 2003 DHSSPS "*Co-operating to Safeguard Children*";

j. 2003 The Heath and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (referred to in Topic 1 above);

k. December 2003 HSC, PSNI and RQIA "*Protocol for Joint Investigation of Alleged and Suspected Cases of Abuse of Vulnerable Adults*";

l. September 2004 "*Protocol for Joint Investigation by Social Workers and Police Officers of alleged and suspected cases of child abuse*" (fourth edition);

m. May 2005 Area Child Protection Committees' ("ACPC") "*Regional Child Protection Policy and Procedures*";

n. July 2005 North and West Belfast Health and Social Services Trust MAH "*Child Protection Procedures*";

o. October 2005 Leaders in social care "*Safeguarding Adults. A National Framework of Standards for good practice and outcomes in adult protection work*";

p. November 2005 North and West Belfast Health and Social Services Trust "*Muckamore Abbey Hospital Responses to the draft Standards for the Inspection of Child Protection Services*";

q. January 2006 Belfast City Hospital Trust "*Policy and Procedure for the Protection of Vulnerable Adults*";

r. September 2006 HSCB "*Safeguarding Vulnerable Adults: Regional Adult Protection Policy and Procedural Guidance*";

s. November 2007 RQIA "*Procedures for Responding to Allegations, Suspicions or Incidents of Abuse of Vulnerable Adults in Regulated Service*";

t. July 2009 HSC, PSNI and RQIA "*Protocol for Joint Investigation of Alleged Suspected Cases of Abuse of Vulnerable Adults*";

u. October 2009 Belfast Trust "*Prevention of Patient Falls*" (SG 45/09) (version 1);

v. October 2009 Belfast Trust "*Prevention of Patient Falls*" (SG 45/09) (version 2);

w. March 2010 NIO and DHSSPS "*Adult Safeguarding in Northern Ireland, Regional and Local Partnership Arrangements*";

x. June 2010 Belfast Trust "*Adult Protection Policy & Procedure*" (TP 44/10) (version 1) (replacing Legacy Trust Policies & Procedures);

y. July 2010 Belfast Trust "*Protocol for the Recruitment and Employment of Staff under the Requirements of the Safeguarding Vulnerable Groups (NI) Order (SVGO) 2008 and the Vetting and Barring Scheme Interim Guidance (Pending Further Review)*" (TP052/10) (version 1);

z. October 2010 Volunteer Now "*Safeguarding Vulnerable Adults: A Shared Responsibility. Standards & Guidance for Good Practice in Safeguarding Vulnerable Adults*";

aa. December 2012 Belfast Trust "*Safeguarding Children & Young People who are admitted to adult wards and departments for care and treatment*" (SG 33/12) (version 1);

bb. February 2013 RQIA Overview Report "*Safeguarding of Children and Vulnerable Adults in Mental Health and Learning Disability Hospitals in Northern Ireland*";

cc. April 2013 Belfast Trust "*Adult Protection Policy & Procedures 2013*" (TP 44/10) (version 2);

dd. May 2013 Belfast Trust "*Protocol for the Recruitment and Employment of Staff under the Requirements of the Safeguarding Vulnerable Groups (NI) Order (SVGO) 2008 and the Vetting and Barring Scheme, as Amended by the Protection of Freedoms Act 2012, Interim Guidance (Pending Further Review)*" (TP052/10) (version 2);

ee. November 2013 Belfast Trust "*Adult Mental Health and Learning Disability Absent without Leave Procedure (AWOL)*" (SG 37/13) (version 1);

ff. June 2014 COPNI "*Protecting Our Older People: A Call for Adult Safeguarding Legislation*";

gg. July 2015 DHSSPS and DOJ 2015 "*Adult Safeguarding: Prevention and Protection in Partnership*";

hh. August 2015 HSCB and PHA "*Regional Guidelines for the Management of Service Users Missing or Absent Without Leave (AWOL)*";

ii. September 2015 Belfast Trust "*Protocol for the Recruitment and Employment of Staff under the requirements of the Safeguarding Vulnerable Groups (NI) Order (SVGO) 2007 and The Vetting and Barring Scheme, as Amended by the Protection of Freedoms Act 2012*" (TP 52/10) (version 3);

jj. August 2016 Northern Ireland Adult Safeguarding Partnership ("NIASP") "*Protocol for Joint Investigation of Adult Safeguarding Cases*";

kk. September 2016 NIASP "*Adult Safeguarding Operational Procedures: Adults at Risk of Harm and Adults in Need of Protection*";

ll. November 2016 Belfast Trust "*Adult Mental Health and Learning Disability Absent without Leave Procedure (AWOL)*" (SG 37/13) (version 2);

mm. November 2016 Belfast Trust "*Dealing with person who go missing from Emergency Departments*" (SG 43/14) (version 1);

nn. February 2017 Belfast Trust "*Protocol for the Management of Substance Misuse in Adult Mental Health and Learning Disability Inpatient Wards*" (SG 73/16) (version 1);

oo. June 2017 Belfast Trust "*Implementation of CCTV within Muckamore Abbey Hospital to Assist with Investigations related to Adult Safeguarding Issues*" (SG 09/17) (version 1);

pp. August 2017 DoH "*Co-operating to Safeguard Children and Young People in Northern Ireland*";

qq. 2017 Safeguarding Board Northern Ireland ("SBNI") "*Regional Core Child Protection Policy and Procedures*". The Policy and Procedures, together with the Procedures Manual, replace the 2005 ACPC "*Regional Child Protection Policy and Procedures*" and are electronic resources which are maintained and available online. However, I have provided a summary document which identifies the key changes;

rr. 2017 SBNI Procedures Manual;

ss. June 2018 COPNI "*Home Truths: A Report on the Commissioner's Investigation into Dunmurry Manor Care Home*";

tt. November 2018 Belfast Trust "*Implementation of CCTV within Muckamore Abbey Hospital to Assist with Investigations related to Adult Safeguarding Issues*" (SG 09/17) (version 2);

uu. June 2019 Belfast Trust "*Caring for and safeguarding children and young people who attend adult services for admission, care or treatment*" (SG 16/19) (version 1);

vv. August 2019 Belfast Trust "*Caring for and safeguarding children and young people who attend adult services for admission, care or treatment*" (SG 16/19) (version 1.2);

ww. August 2019 Belfast Trust "*Caring for and Safeguarding children and young people who attend adult services for admission, care or treatment*" (SG 16/19) (version 1.3);

xx. October 2019 Belfast Trust "*Adult Safeguarding policy and procedure*" (SG 20/19) (version 1);

yy. February 2020 Belfast Trust "*Adult Safeguarding policy and procedure*" (SG 20/19) (version 1). Please note that although both this and the October 2019 version of this policy are stated to be "*version 1*" and to supersede the 2013 Belfast Trust "*Adult Protection Policy & Procedures 2013*" (TP 44/10), the October 2019 version was classified as a "Directorate-specific" policy, was approved at a local level within the Directorate and was operational from October 2019. The February 2020 version is the reclassified "Non-Clinical Trustwide" policy (i.e. applicable to the whole of the Belfast Trust);

zz. February 2020 Belfast Trust "*Management And Prevention Of Adult Inpatient Falls In A Hospital Setting*" (SG 45/09) (version 3);

aaa. June 2020 Belfast Trust *"Protocol for the Recruitment and Employment of staff in Relation to Safeguarding Vulnerable Groups"* (TP052/10) (version 4);

bbb. September 2020 CPEA "*Independent Whole Systems Review into Safeguarding and Care at Dunmurry Manor Care Home "EVIDENCE PAPER: 1 Adult Safeguarding within a Human Rights Based Framework in Northern Ireland*";

ccc. December 2020 DoH "*Legislative options to inform the development of an Adult Protection Bill for Northern Ireland*";

ddd. July 2021 DoH "*Adult Protection Bill – Draft Final Policy Proposals for Ministerial Consideration*" (referred to above); and

eee. January 2022 Volunteer Now "*Keeping Adults Safe: A Shared Responsibility. Standards & Guidance for Adult Safeguarding*".

70. At the time that allegations of abuse surfaced in MAH PICU in 2017, the operative regional adult safeguarding policy was the July 2015 DHSSPS and DOJ "*Adult Safeguarding: Prevention and Protection in Partnership*" policy. This is a 63-page policy document.

71. At that point, the Belfast Trust had in force its 112-page April 2013 local adult safeguarding policy; "*Adult Protection Policy & Procedures 2013*" (TP 44.10) (version 2). The local policy was authored by a number of individuals; Marie Heaney, then Acting Co-Director for Older People/Physical Health & Disability and Sensory Impaired Services, and 3 adult safeguarding leads in the Belfast Trust; Yvonne McKnight, Deirdre Hegarty and Ann Kernaghan.

72. The Belfast Trust's local policy was replaced by the October 2019 "*Adult Safeguarding policy and procedure*" (SG 20/19) (version 1). The October 2019 policy was principally authored by Yvonne McKnight, then the Adult Safeguarding Lead in the Belfast Trust.

73. I am informed by colleagues, and therefore draw to the attention of the MAH Inquiry, that as the investigation at MAH developed it became impractical to operate the standard adult safeguarding procedures in respect of matters discovered on the March to September 2017 CCTV (often referred to as the "*historical CCTV*"; essentially the 6 months of CCTV coverage still available and which it was possible to capture in September 2017). Instead, a responsive adult safeguarding approach was developed, fully communicated to key stakeholders including DoH, RQIA and PSNI, and utilised. It complied with the spirit and purpose of adult safeguarding, but did not involve the formal completion of all the various forms and steps that formed part of the then policy.

74. In short, matters of concern from the CCTV were referred to the police in the first instance for criminal investigation. In addition, due to the volume of incidents, interim protection plans (part of the adult safeguarding process for keeping a patient safe) were applied to the relevant staff members, along with other

protective system measures, rather than to the individual patients (but, by these means, each individual patient was thereby provided with protection). Once the criminal process had been instigated against a staff member, and the police had interviewed the individual about the relevant CCTV coverage, then the Belfast Trust proceeded with its disciplinary process against the relevant individual. (I should also make clear that in providing this summary, I am dealing with the specific context of adult safeguarding, and so am not addressing the other management steps taken in MAH in the aftermath of the 2017 CCTV allegations).

75. It is also the case that the disciplinary process is not dealing with all incidents that may have been identified on the historical CCTV in respect of an individual staff member. Rather, where a staff member has been linked to a large number of incidents (more than 20-25), a sample of the most serious of those incidents is being selected and utilised for disciplinary purposes. For those staff members linked to a smaller numbers of incidents, then all are considered.

76. Should it be required by the MAH Inquiry then a much fuller explanation of the bespoke adult safeguarding steps taken can be provided by others within the Belfast Trust.

77. Adult safeguarding is one part of the multidisciplinary care provided by the Belfast Trust to its patients. Similarly, it is one part of the Belfast Trust's response to allegations of abuse of its patients. It is a field that has been developing and evolving. The intention within the Belfast Trust is that adult safeguarding responses are both swift and patient centred, and, where they are found to be less than effective, steps are taken to improve the response.

78. The Belfast Trust recognises that the adequacy of adult safeguarding and other measures and processes implemented by the Belfast Trust and others in the wake of matters arising from the MAH 2017 CCTV viewing are not a matter for this statement. The Belfast Trust does however wish to recognise that many of its staff have had to respond to, and have had to work under very considerable pressure

to deal with, an unprecedented challenge emerging from the viewing of CCTV at MAH. The Belfast Trust considers that how various processes worked in the context of what occurred at MAH, both internal (including adult safeguarding), and external (involving others) is an important matter for examination. This is so that maximum learning can be achieved by all. The Belfast Trust hopes that the multi-agency response to what occurred at MAH is a matter the MAH Inquiry will examine in full because, should it ever be necessary to have similar type investigations in the future, then there should be open and transparent learning from what has happened in this case.

**Topic 5 – Policies and procedures re medication/auditing of medication**

79. I have endeavoured to address these two issues separately. In identifying and retrieving the documents to which I refer in this section, I have been assisted by:

    a. Dr Peter Sloan (referred to above);

    b. Dr Paul Devine (referred to above);

    c. Deirdre Murray, Clinical Pharmacist at MAH. In this role, Ms Murray is responsible for the provision of Clinical Pharmacy Services on site at MAH; and

    d. Rachael Lennox, a senior pharmacy manager, currently Interim Lead Pharmacist Controlled Drugs and Medicines Management ICT Systems.

80. However, it is again the case that none of the above individuals are necessarily experts in relation to this area as a whole. Accordingly, although all care has been taken, in the time available, to identify and provide all relevant documents, it is possible that not all material has so far been identified.

*Policies and procedures re medication*

81. Given the breadth of the services provided by the Belfast Trust, the terms of the request made by the MAH Inquiry are very broad. The Belfast Trust has a broad range of medication-related policies and procedures. Some are Clinical Trust-wide, whilst others are Directorate-specific. As part of the preparation of this witness statement, a search has been undertaken to try to identify all medication-related policies which apply on a Clinical Trust-wide basis and those which relate specifically to the Mental Health and Learning Disability Directorate. This has generated a very large volume of policies, including:

    a. Policies concerning the use of specific drugs, kinds of medication and clinical devices, such as anti-coagulants, antibiotics and epidurals;

    b. Policies concerning the use of medication for specific conditions or groups of conditions, such as cancer, recovery from surgery and alcohol dependence; and

    c. Policies concerning the broader acquisition and management of medication by the Belfast Trust, such as in relation to free and nominal pharmaceutical schemes, the use of generic and brand names, and responses to drug alerts and recalls.

82. Many of these policies, notwithstanding that they relate to medication, have, in my view, little (if any) relevance to the MAH Inquiry. Accordingly, and in the interests of the MAH Inquiry, copies have not been provided in the appendix bundle to this witness statement, notwithstanding that they may be caught by the request from the MAH Inquiry. Instead, I focus in this section on those policies which appear to be of greatest relevance to the services provided at MAH, including in relation to the provision of medication.

83. The central medications related Belfast Trust document is the "*Hospital Medicines Code*". A copy of the 2017 version is provided at Tab 7 of the exhibit bundle. The Hospital Medicines Code applies to all staff operating in Belfast Trust secondary care settings (such as hospitals), including medical, dental and nursing staff, operating department practitioners, allied health professionals and pharmacy staff. It details the policies and procedures to be followed for the prescribing, administration, dispensing, monitoring, ordering, storage and transport of medicines to ensure safe and effective medicines management and optimisation. The various iterations of the Belfast Trust Medicines Code Policy that operated during the timeframe which the MAH Inquiry is considering are also provided at Tab 7. They are:

    a. March 2011 "*Medicines Code Policy*" (SG 09/11) (version 1);

    b. September 2015 "*Medicines Code Policy*" (SG 09/11) (version 2);

    c. March 2017 "*Medicines Code Policy*" (SG 09/11) (version 3); and

    d. February 2020 "*Medicines Code Policy*" (SG 09/11) (version 4).

84. The "*Hospital Medicines Code*", and the related documents to which it refers, respond to and reflect an established body of legislation and other regional medicines related material which I do not seek to itemise in detail. However, a particularly important document in this area, and to which I draw attention, is the March 2015 NICE Guideline 5 "*Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes*". A copy is provided at Tab 7 of the exhibit bundle.

85. Following the March 2007 National Patient Safety Agency Patient Safety Alert 20 "*Promoting safer use of injectable medicines*", and evidence indicating that the incidence of errors in prescribing preparing and administering injectable medicines is higher than for other forms of medicine, the Belfast Trust developed

a specific "*Injectable Medicines Code Policy*" to govern the safe and effective administration of intravenous, intramuscular, subcutaneous and other non-enteral medicines. The relevant iterations of this policy, copies of which are provided behind Tab 7 along with the 2007 Safety Alert, include:

a. February 2017 Belfast Trust "*Injectable Medicines Code Policy*" (SG 71/16) (version 1); and

b. November 2020 "*Injectable Medicines Code Policy*" (SG 71/16) (version 2).

86. For context, there is also a separate Belfast Trust "*Community Medicines Code*". A copy of the July 2017 version is provided at Tab 7.

87. The Belfast Trust has adopted the "*Northern Ireland Clinical Pharmacy Standards*". Copies of the relevant Belfast Trust policies can be found behind Tab 7, and include:

a. May 2010 Belfast Trust "*Northern Ireland Clinical Pharmacy Standards*" (SG 27/10) (version 1);

b. June 2013 Belfast Trust "*Northern Ireland Clinical Pharmacy Standards*" (SG 27/10) (version 2);

c. November 2014 Belfast Trust "*Northern Ireland Clinical Pharmacy Standards*" (SG 27/10) (version 3); and

d. June 2017 Belfast Trust "*Northern Ireland Clinical Pharmacy Standards*" (SG 27/10) (version 4).

88. An additional specific framework governs nurses, midwives, specialist community public health nurses, pharmacists and other allied health care

professionals registered with the Belfast Trust as non-medical prescribers of medicines. Copies of the relevant policies can be found behind Tab 7 in the exhibit bundle, and include:

a. September 2013 Belfast Trust "*Non-Medical Prescribing of Medicines*" (SG 14/13) (version 1);

b. March 2018 Belfast Trust "*Non-Medical Prescribing (NMP) of Medicines*" (SG 14/13) (version 2); and

c. August 2020 Belfast Trust "*Non-Medical Prescribing of Medicines*" (SG 14/13) (version 3).

89. Further, as referred to within the "*Hospital Medicines Code*", staff who prescribe, supply and administer medication must adhere to their own governing code of professional practice, departmental procedures, and any Belfast Trust-approved locally agreed procedures. I do not address the governing standards and guidance for each profession however I provide behind Tab 7 in the exhibit bundle, by way of illustration, the types of standards that apply to nursing staff. They include the Nursing and Midwifery Council ("NMC") "*Standards for Medicines Management*", first published by the NMC in 2007 (to replace a previous 2004 publication entitled "*Guidelines for the administration of medicines*"). The Royal College of Nursing (the "RCN"), the largest professional body/trade union for nurses, midwives and nursing support workers, has also produced relevant guidance for its members, such as the 2020 RCN "*Medicines Management. An overview for nursing*". I have included that overview document for the assistance of the MAH Inquiry, though I observe that it is not obligatory for a nurse to be a member of the RCN.

90. The Belfast Trust also maintains a general policy concerning the reconciliation of medicines on admission (copies can again be found behind Tab 7 in the exhibit bundle), namely:

a. April 2011 "*Medicines Reconciliation Policy and Procedure For Patients on Admission to Hospital*" (SG 52/11) (version 1);

b. February 2015 "*Medicines Reconciliation Policy*" (SG 52/11) (version 2);

c. February 2017 "*Medicines Reconciliation Policy and Procedure For Patients on Admission to Hospital*" (SG 52/11) (version 3); and

d. October 2018 "*Medicines Reconciliation Policy and Procedure For Patients on Admission to Hospital*" (SG 52/11) (version 4).

91. Specific policies and procedures govern the therapeutic use and management of controlled drugs to ensure that they are stored, supplied, transported, prescribed, administered, recorded, monitored and disposed of safely in accordance with legislation, professional standards and best practice standards. National and regional guidance in this area, which is included behind Tab 7 in the exhibit bundle, includes:

a. October 2007 Department of Health England "*Safer Management of Controlled Drugs: A guide to good practice in secondary care*"; and

b. August 2012 DHSSPS "*Safer Management of Controlled Drugs, A guide to good practice in secondary care (Northern Ireland)*".

92. Belfast Trust policies in this area are also provided behind Tab 7 in the exhibit bundle. They include:

a. February 2011 Belfast Trust "*Controlled Drugs Policy*" (SG 01/11) (version 1);

b. March 2011 Belfast Trust "*Dealing with discrepancies or concerns involving Controlled Drugs*" (SG 18/11) (version 1);

c. June 2013 Belfast Trust "*Controlled Drugs Policy – Inpatient Areas*" (SG 01/11) (version 2);

d. October 2015 Belfast Trust "*Dealing with discrepancies or concerns involving Controlled Drugs*" (SG 18/11) (version 2);

e. November 2016 Belfast Trust "*Clinical monitoring of patients who have been prescribed controlled drugs*" (SG 64/16) (version 1);

f. February 2017 Belfast Trust "*Controlled Drugs Policy – Inpatient Areas*" (SG 01/11) (version 3). An updated version of the associated Belfast Trust "*Controlled Drug Procedures*" is appended to the policy;

g. August 2019 Belfast Trust "*Dealing with discrepancies or concerns involving Controlled Drugs*" (SG 18/11) (version 3); and

h. February 2021 Belfast Trust "*Controlled Drugs – Use of Automated Dispensing Cabinets in Clinical Areas*" (SG 03/21) (version 1).

93. There are also policies and procedures relating to specific drugs and medication used within Mental Health and Learning Disability services. Copies of policies relating to the following three more well-known examples are provided for illustration behind Tab 7 in the exhibit bundle:

a. Lithium:

i. December 2014 Belfast Trust "*Lithium Policy*" (SG 38/14) (version 1); and

ii. October 2018 Belfast Trust "*Lithium Policy*" (SG 38/14) (version 2);

b. Clozapine:

i. June 2019 Belfast Trust "*Clozapine Policy*" (SG 10/19) (version 1);

ii. April 2020 Belfast Trust "*Clozapine and COVID-19*" (SG 30/20) (version 1); and

iii. November 2020 Belfast Trust "*Clozapine and COVID-19*" (SG 30/20) (version 2); and

c. Antipsychotics:

i. June 2016 Belfast Trust "*Guidance for Prescribing and Monitoring of High Dose Antipsychotics in Mental Health Services*" (SG 30/16) (version 1); and

ii. February 2021 Belfast Trust "*Guidance for Prescribing and Monitoring of High Dose Antipsychotics in Mental Health Services*" (SG 30/16) (version 2).

94. Further learning and guidance in relation to this area may also be issued in the form of shared learning, such as in response to an adverse incident or serious adverse incident, or in response to ongoing clinical medication-related learning. Such learning and guidance is generally disseminated within the relevant Directorate.

95. In addition, there is ongoing, and important, national and regional guidance relevant to the provision of medication in the learning disability and mental health context. A recent example is the July 2017 NHS England "*Stopping Over-Medication of People with a Learning Disability, Autism or Both (STOMP)*". A copy is provided behind Tab 7 in the exhibit bundle.

96. I have not endeavoured to address the clinical and professional guidelines of each of the different professions involved with dispending medications, though they will also be relevant to the application of the above policies.

*Policies and procedures around the auditing of medication*

97. I am not personally aware of any specific regional, Belfast Trust or MAH policy in relation to the auditing of medication. Nor are the colleagues I have asked about this topic.

98. I am also unaware of any specific fixed programme of auditing of medication in place at MAH before 2018, other than for controlled drugs, for which it is mandatory pursuant to the policies and procedures in that area addressed above. By way of example only, at Tab 7 are copies of the 2011 controlled drugs audits undertaken across the various MAH wards. I am advised by Ms Murray that an audit of drug Kardexes was undertaken in 2019 on the MAH population at that time. Around the same time, a separate Clozapine audit was also undertaken. Audit is addressed more generally within Topic 12 below. However, should the MAH Inquiry be assisted by further information in relation to any specific audit, the Belfast Trust will seek to provide this.

**Topic 6 – Policies and procedures concerning the property and finances of patients**

99. In addition to the general regional and Belfast Trust adult safeguarding material addressed at Topic 4 above, the following documents, set out in chronological order, would appear to comprise or contain policies and procedures concerning the treatment and management of patients' property and/or finances since the formation of the Belfast Trust.

100. In addressing this request for evidence, I focus on patients' personal property and do not include material relating to the management and retention of patient records and other information which may in a very broad sense comprise "*property*". In any event, such material forms part of the disclosure which the Belfast Trust has already provided, or is providing, to the MAH Inquiry.

101. The relevant regional material in this area includes the following, copies of which are, where available, provided at Tab 8 of the exhibit bundle:

a. Article 116 of the Mental Health (Northern Ireland) Order 1986. This provision confers on HSC trusts certain powers in relation to the property and finances of patients who are incapable, by reason of mental disorder, of managing and administering their own property and affairs;

b. DHSSPS Circular 57/2009 "*Misappropriation of Residents' Monies – Implementation and Assurance of Controls in Statutory and Independent Homes*". This applies to all HSC Trust facilities including hospitals;

c. 2013-2014 RQIA Review "*Monitoring of Article 116 of The Mental Health (Northern Ireland) Order 1986*";

d. February 2014 HSCB and PHA "*Regional Guidelines for the Search of Patients, their Belongings and the Environment of Care within Adult Mental Health/ Learning Disability Inpatient Settings*";

e. 2015-2016 RQIA Review "*Monitoring of Patient Finances Under the Article 116 of The Mental Health (Northern Ireland) Order 1986*";

f. February 2015 DHSSPS Circular HSC(F) 08-2015 "*Safeguarding of Service Users' Finances within Residential and Nursing Homes and Supported Living Settings*"; and

g. February 2016 DHSSPS Circular HSC(F) 15-2016 "*Safeguarding of Service Users' Finances within Residential and Nursing Homes and Supported Living Settings*".

102. The Belfast Trust policy likely to be of most interest to the MAH Inquiry in relation to the safeguarding and management of patient property and finances in Mental Health and Learning Disability Services inpatient facilities during the time period under consideration may be the April 2015 Belfast Trust *"Patients' Finances and Private Property – Policy for Inpatients within Mental Health and Learning Disability Hospitals"* (SG 09/15) (version 1). A copy is provided at Tab 8 of the exhibit bundle.

103. The 2015 Belfast Trust policy referred to above applied to all patients in a mental health or learning disability inpatient ward and to all staff working within Mental Health and Learning Disability Services within the Belfast Trust. It contains a range of important guidance and procedures applicable from the point of a patient's admission as an inpatient until resettlement (and any trial resettlement periods). Some aspects are necessarily broader in nature, such as the appended procedures for deeming a patient capable or incapable at the point of admission. Other aspects provide more specific and prescriptive guidance, such as the procedures in relation to lodging cash at the Cash Office or onto a Cash Ledger.

104. The 2015 Belfast Trust policy should be read alongside a number of broader Belfast Trust policies which also concern patient property and finances. These include the following, copies of which are provided at Tab 8 of the exhibit bundle:

a. February 2008 Belfast Trust "*Patient Property*" (SG 05/08) (version 1);

b. February 2008 Belfast Trust "*Patient Property*" (SG 05/08) (version 2). Please note that the stated operational date of February 2008 may be a typographical error. Version 1 of this policy was due to be reviewed in February 2010;

c. June 2016 Belfast Trust "*Procedure for the Search of Patients, their Belongings and the Environment of Care with Adult Mental Health and Learning Disability Inpatient facilities (excluding CAMHS & Iveagh)*" (SG 34/16) (version 1);

d. February 2017 Belfast Trust "*Protocol for the Management of Substance Misuse in Adult Mental Health and Learning Disability Inpatient Wards*" (SG 73/16);

e. March 2019 Belfast Trust "*Community Learning Disability Interim Financial Support Policy*" (SG 11/09) (version 1);

f. June 2021 Belfast Trust "*Management of Patient's Handed In Property*" (BHSCT/PtCtCare (01) 2021) (version 3, change of name from version 2 above); and

g. August 2021 Belfast Trust "*Procedure for the Search of Patients, their Belongings and the Environment of Care with Adult Mental Health and Learning Disability Inpatient facilities (including CAMHS & Iveagh)*" (SG 34/16) (version 2).

105. Although after the time period which the MAH Inquiry is considering, for completeness, I have included behind Tab 8 the following two polices that have superseded the April 2015 referred to above:

a. October 2021 Belfast Trust "*Patients' Finances and Private Property – Policy for Adult Inpatients within Learning Disability Hospitals*" (BHSCT/ASPC/LD (03) 2021) (version 2); and

b. June 2022 Belfast Trust "*Patients' Finances and Private Property – Policy for Inpatients within Mental Health Hospitals*" (BHSCT/ASPC/MH (10) 2022) (version 1).

**Topic 7 – Policies and procedures re psychological treatment, speech and language therapy, occupational therapy and physiotherapy**

106. As will probably be evident from the material provided in respect of the topics addressed so far in this statement, from the formation of the Belfast Trust there was significant service development within learning disability generally, and within MAH specifically. For this reason, in addressing the topic of procedures in respect of psychological treatment and the work of the professions that make up the group commonly referred to as "*Allied Health Professions*" or "*AHPs*", I briefly address the development of each service so that the relevant policy framework can properly be understood in that context.

*Policies and procedures re psychological treatment*

107. In order to be able to provide the information in this area I have drawn on the assistance of Dr Sarah Meekin, Consultant Clinical Psychologist and Head of Psychological Services within the Belfast Trust since October 2010.

108. Psychologists and Behaviour Therapists have formed part of the service provision at MAH since at least the beginning of the primary time period with which the MAH Inquiry is concerned.

109. In particular, a Band 8c Consultant Forensic Psychologist post was commissioned with a specific remit to support Six Mile, the Forensic LD inpatient ward at MAH. For many years, due to difficulties in funding hospital posts, posts which were community-funded also involved the provision of hospital services at MAH. Further, temporary funding at times allowed for the additional provision of psychology staff to MAH, even on an ad hoc basis. The workforce at MAH was also, over time, supported by trainee practitioner psychologists during their placement periods.

110. By 2018, demographic money for Psychological Services was allocated and additional staff were recruited and deployed to MAH to provide support on site. This included a Consultant Clinical Psychologist and two Band 8a Psychological Practitioners.

111. Psychology staff working at MAH were bound by all general Belfast Trust policies and those which applied in relation to the provision of learning disability care as set out in Topic 1 above.

112. In addition, those involved in the provision of psychological treatment were bound by their clinical training and the professional standards, guidelines and best practice guidance set by:

a. The Health and Care Professions Council. The Health and Care Professions Council (the "HCPC") is a UK-wide statutory regulator of healthcare and psychological professions governed by the Health Professions Order 2001. It regulates the members of 15 professions that are generally regarded as making up the group referred to as "*Allied Health Professions*". In addition, the HCPC regulates practitioner psychologists operating under any one of the following protected titles: practitioner psychologist; registered psychologist; clinical psychologist; forensic psychologist; counselling psychologist; health psychologist; educational psychologist; occupational psychologist; and sport and exercise psychologist. The HCPC maintains a register of professionals, sets standards for entry to its register, approves education and training programmes for registration and deals with concerns where a professional may not be fit to practise. The role of the HCPC is to protect the public;

b. The British Psychological Society (the "BPS"). This is the UK organisational and professional membership body for psychology and psychologists. Prior to 2009, the BPS was also the regulator for Chartered Psychologists. There

are also specialist divisions of the BPS including the Division of Clinical Psychology (the "DCP") and the Division of Forensic Psychology (the "DFP"). Further, within the DCP there is "*The Faculty for People With Intellectual Disabilities*". This is a specialist interest group which provides a forum for Clinical Psychologists with an interest in work with people with learning disabilities. All learning disability psychologists are encouraged to engage with this network, which allows for regional discussions and regional training delivery in relation to ongoing developments in the intellectual disability setting. Each part of the BPS provides for the sharing of learning, research and development and has produced a range of general and specific resources to set standards and promote good practice for national and local implementation; and

c. The National Institute for Health and Care Excellence (or "NICE"). NICE Guidelines and Quality Standards identified within Topics 1 and 2 above are relevant; in particular NICE Guideline 11 "*Challenging behaviour and learning disabilities: Prevention and interventions for people with learning disabilities whose behaviour challenges*" and NICE Guideline 93 "*Learning disabilities and behaviour that challenges: service design and delivery*". The formal link between the DoH and NICE has ensured that Northern Ireland has access to up-to-date, independent, professional, evidence-based guidance on the value of health care interventions.

113. It is beyond the scope of this statement to address the clinical training of psychology staff save to emphasise that it is extensive (for many it includes Masters-level qualification and doctoral programmes) and is recognised by the BPS to equip practitioners with a breadth and depth of skills which are practice-developed and will form the basis of their work thereafter. Within this Module, I focus on identifying the specific regulatory and professional standards and guidance.

114. Where possible, a copy of each of the documents is provided behind Tab 9 of the exhibit bundle. However, as before, I wish to emphasise that it has not been possible to identify and retrieve copies of all relevant material. Historic material emanating from regulatory and professional bodies is generally no longer available online and, in the interests of effective version control, hard copies of outdated material are not specifically retained within Belfast Trust services.

115. Relevant HCPC material includes:

a. "*Standards of Proficiency – Practitioner psychologists*". The latest version is the July 2015 HCPC "*Standards of Proficiency – Practitioner psychologists*"; and

b. "*Standards of conduct, performance and ethics*". A copy of the January 2016 standards is provided.

116. As to the BPS (including its specialist Divisions and networks):

a. Professional standards and ethics include:

i. August 2009 BPS "*Code of Ethics and Conduct*". The Code was updated in August 2021 but this is outside the scope of the primary time period with which the MAH Inquiry is concerned; and

ii. 2009 BPS "*Practice Guidelines*", most recently the August 2017 BPS Practice Guidelines (Third Edition); and

b. Policies, guidelines and guidance include:

i. 2000 BPS "*Learning Disability: Definitions and Contexts*";

ii. August 2004 BPS "*Clinical Practice Guidelines. Psychological interventions for severely challenging behaviours shown by people with learning disabilities*";

iii. 2011 BPS "*Commissioning Clinical Psychology services for adults with learning disabilities*";

iv. 2015 BPS "*Guidance on the Assessment and Diagnosis of Intellectual Disabilities in Adulthood*";

v. February 2016 BPS "*Psychological Therapies and People Who Have Intellectual Disabilities*";

vi. June 2017 BPS "*Incorporating Attachment Theory into Practice: Clinical Practice Guideline for Clinical Psychologists working with People who have Intellectual Disabilities*"; and

vii. January 2018 BPS "*Positive Behaviour Support (PBS) Position Statement*".

117. In some instances, standards, guidelines and advice emanating from the regulatory and professional bodies led to the development of Belfast Trust specific material which implemented or reflected the material from the regulatory or professional body. Examples of this include the Psychological Services Supervision and CPD Guidelines addressed in Topic 13 below. However, it is important to explain that Belfast Trust specific documents tended to be more procedural in nature or to have been introduced because it was considered helpful to collate for staff clearly, and within a single source, the often more generic requirements and recommendations of the regulatory and professional bodies. Employer policies were and are not generally a source of clinical and professional guidance in and of themselves.

*Policies and procedures re speech and language therapy*

118. Speech and language therapists are one of the professions that make up the group commonly referred to as "*Allied Health Professions*" or "*AHPs*".

119. In order to be able to provide the information set out below, I have drawn on the assistance of:

a. Rosalind Kyle, the current Assistant Speech and Language Therapy Manager within the Belfast Trust with responsibility for learning disability services (including MAH). Ms Kyle has many years of experience both working in, and managing, the service at MAH;

b. Elaine McConnell, current Interim AHP Co-Director and Professional AHP Lead within the Belfast Trust; and

c. Suzanne Smith, Interim Speech & Language Therapy Assistant Manager (Schools team) and former Speech and Language Therapist at MAH from 1994-2022.

120. Speech and language therapy has formed part of the service provision at MAH since at least the beginning of the primary time period with which the MAH Inquiry is concerned. Indeed, Ms Kyle's first post as a speech and language therapist, in 1987, was at MAH (then within what was the North & West Belfast Health and Social Services Trust).

121. Since the Belfast Trust became operational in 2007, the MAH Speech and Language Therapy Service has been planned in the context of, and managed by, both the Belfast Trust Speech and Language Therapy service and the Learning Disability Service. In practice, this has meant that although there has always been some full-time presence at MAH, there is a long history of speech and language

therapy staff resources (both posts and time allocations) moving in a flexible manner between the MAH site and community services in order to best respond as best as possible to service demand and development in both areas.

122. One constant feature has been the reality that the MAH Speech and Language therapy service has been faced with a greater need within MAH than it has been able to deliver with the resources available.

123. By 2012, funding had been reduced to a 0.6 Whole Time Equivalent (or WTE) Speech and Language Therapist (22.5 hours per week) and a 1.0 WTE Speech and Language Therapy Assistant (37.5 per week). The three individuals providing this service worked between MAH and community services.

124. As the MAH resettlement project began to move forward, demands for assessments and input in relation to the resettlement process greatly exceeded the resources available. The consequence was that these demands had to be prioritised over the needs of the core hospital. A 0.2 WTE Speech and Language Therapist was moved from Belfast Trust community services to assist with meeting the additional need within MAH. However, as the resettlement project advanced, this resource was released back to the community to meet the needs resulting from resettlement on that side.

125. The limited resource available within MAH meant that active and continued review and prioritisation was necessary to ensure that the available resource was best deployed to meet key needs. Priorities were agreed with MAH hospital management on an ongoing basis. Increasingly, over time, the priority demands were the assessment of those service users being resettled and the provision of resettlement reports. Another focus was the assessment and management of dysphagia and swallowing disorder referrals, as these were deemed to pose a particularly high risk to service users.

126. The consequence of the necessary prioritisation was that the Speech and Language Therapy service at MAH was largely unable to meet broader clinical

needs and to input into a range of areas including patient multidisciplinary meetings and training and development work. In most cases, all that the service could realistically offer was initial assessment and advice at the admission stage, rather than continuing input. To a large extent, the lack of capacity to develop, research, and to implement and monitor new practices is reflected in the more limited policy and practice documentary output described below. It is why the management of dysphagia and choking were the main focus of the contributions at a local level.

127. The service itself was discussed at annual meetings with Learning Disability Services managers, at which, I am informed by Ms Kyle, the need for additional posts was rarely (if ever) in dispute.

128. By 2015, there was a recognition that the resettlement agenda had not progressed at the pace expected and that, as clinical demands and waiting lists remained high, it was necessary for the MAH speech and language therapy resource to be increased in order to develop the breadth and quality of the service. By 2017, there was in-principle agreement to recruit two Band 7 Speech and Language therapists following the preparation of a business case. Unfortunately, however, no new finance was identified at that time and so these posts were going to have to be met within the existing budget. This was unworkable in light of the already strained resources described above. Ultimately, recruitment for the posts did not take place until 2019 when specific funding was secured. For a period in 2018, additional staff from Belfast Trust ISS assisted in providing temporary sick leave cover within PICU at MAH.

129. The two new Band 7 posts commenced in their roles in 2020. Currently, the service at MAH is staffed by one Band 7 1.0 WTE Speech and Language Therapist and one Band 4 0.6 WTE Speech and Language Therapy Assistant.

130. Speech and language therapy staff working at MAH were bound by all general Belfast Trust policies which applied in relation to the provision of learning disability care, including those set out in Topic 1 above.

131. In addition, the provision of speech and language therapy was based on the professional training of staff and the continuing professional standards, guidelines and best practice guidance set by:

a. The HCPC, their regulatory body (addressed above in relation to psychology staff);

b. The Royal College of Speech and Language Therapists (the "RCSLT"). This is the professional membership body for all speech and language therapists working in the United Kingdom. Since its inception, speech and language therapists working at MAH have been part of a specialist RCSLT network of speech and language therapists working in learning disability known as the "*Adults with Learning Disabilities Lead Speech and Language Therapists' Network*" (the "ALD Network"). The ALD Network connected the MAH staff representing Northern Ireland with those in leading learning disability services in each of England, Scotland and Wales. This enabled the sharing of good practice across the four jurisdictions and directly led to the development of national standards and guidance (addressed further below); and

c. The NICE Guidelines identified in Topics 1 and 2 above. NICE also provides practical and digestible guidance (such as that available online) in relation to putting the guidelines into practice.

132. The training of speech and language therapists is addressed within the Belfast Trust's Module 4 response. Beyond this, the professional and educational standards and guidelines contain and comprise the essential practice, behaviours

and values expected of all registered speech and language therapists in order to ensure safe, effective and ethical care and to meet their regulatory requirements. As such provisions were detailed and specialist in nature and staff awareness was generally high, as in the case of psychological treatment, their contents were generally not duplicated in specific Belfast Trust policies. Indeed, as members of the RCSLT, staff were often involved in consultation on the development of its guidance. Guidance from professional bodies would also have been discussed with the Head of Service and Learning Disability Management prior to its recommendation and application within the Belfast Trust. Accordingly, the material emanating from these bodies therefore may be of interest to the MAH Inquiry. Where available, copies are again provided at Tab 9.

133. As to the HCPC, this includes:

a. HCPC "*Standards of Proficiency – Speech and language therapists*". A copy of the December 2013 HCPC "*Standards of Proficiency – Speech and language therapists*" is provided; and

b. The HCPC "*Standards of Conduct, performance and ethics*" set out in the previous section (above). These Standards apply to registrants across the 15 HCPC-regulated professions.

134. Relevant standards and guidance from the RCSLT (including the ALD Network) as to the provision of speech and language therapy includes:

a. March 2003 RCSLT Position Paper "*Speech and Language Therapy Provision for Adults with Learning Disabilities*";

b. May 2010 RCSLT ALD Network Position Paper;

c. 2013 RCSLT paper "*Five good communication standards: Reasonable adjustments to communication that individuals with learning disability and/or autism should expect in specialist hospital and residential settings*"; and

d. September 2016 RCSLT Position Paper "*Inclusive Communication and the Role of Speech and Language Therapy*";

135. In turn, the Belfast Trust developed:

a. Certain specific policies relating to, and contributed to by, speech and language therapy including:

i. June 2011 Belfast Trust "*Food, Fluid and Nutrition Policy – Adult in-patient setting*" (SG 44/11) (version 1);

ii. October 2017 Belfast Trust "*The Prevention & Management of Patient, Client and Service Users with Identified Choking Risks*" (SG 27/17) (version 1);

iii. March 2019 Belfast Trust "*Guideline for the translation from National texture Descriptors to International dysphagia diet standardised levels*" (SG 06/19);

iv. May 2019 Belfast Trust "*The Prevention and Management of Patient, Client, Service Users with Identified Choking Risks*" (TP 106/17); and

v. August 2020 Belfast Trust "*Food, Fluid and Nutrition Policy – Adult in-patient setting*" (SG 44/11) (version 2); and

b. Other guidance material in relation to service provision, including:

i. Belfast Trust Speech and Language Therapy Adult Learning Disability Good Information Group "*Top 10 Standards for promoting Total Communication and creating Communication friendly Environments*" guidance (undated);

ii. September 2012 Belfast Trust Speech and Language Therapy ALD "*Top 10 Standards for promoting Total Communication and creating Communication friendly Environments*"; and

iii. March 2013 Northern Ireland Regional Adult Learning Disability Service Strategy "*A Regional Speech, Language & Communication Strategy for Adult Learning Disability Services*" (produced alongside the other Trusts). The draft version provided reflects the final version.

*Policies and procedures re occupational therapy*

136. Occupational Therapists are another member of the Allied Health Professions.

137. In order to be able to provide the information set out below I have drawn on the assistance of:

a. Aisling Curran. Before her retirement in 2022, Ms Curran was Occupational Therapy Manager within Belfast Trust Mental Health & Learning Disability Services from 2008-2017, and Service Manager within Statutory Residential & Supported Living Services & Day Services from 2017-2022. Ms Curran is an occupational therapist by profession;

b. Catherine Podris, who took over from Ms Curran as Occupational Therapy Manager and held this role within Belfast Trust Learning Disability Services from 2018-2022. Ms Podris has worked as an occupational therapist within the Belfast Trust since 2012. From 2015-2018, Ms Podris was Team Lead for

OT for Community LDOT. Ms Podris is currently Interim Service Manager for Statutory Supported Living and Residential Services for Learning Disability;

c. Elaine McConnell (referred to above); and

d. Jenny Toland, current Interim Occupational Therapy Manager within Belfast Trust Learning Disability Services. Ms Toland has worked in Belfast Trust Learning Disability Services since 2014, first as an Advanced Clinical Specialist OT within the Community LD Team, and subsequently as Team Lead for OT within Community LDOT.

138. The position I described at the outset of this topic, of significant service development within the Belfast Trust and at MAH during the primary time period under consideration by the MAH Inquiry, is illustrated by the addition of occupational therapy as part of the multi-disciplinary care package at MAH.

139. When the Belfast Trust became operational in 2007 there was no dedicated occupational therapy service at MAH. Instead, for several decades, two occupational therapy posts served the whole of the Belfast community area (one in what was the area of the North & West Belfast Trust and the other in what was the area of the South & East Belfast Trust). Engagement with occupational therapy for patients at MAH typically took place upon their discharge into the community. From in or around 2007-2012, investment was secured from within the Community Learning Disability funding for the Belfast Trust to develop community learning disability services with a specific focus on AHPs. Accordingly, by 2012, there were six community occupational therapists within the Belfast Trust area across different pay bands and with a range of expertise.

140. In or around Spring 2012, the Health and Social Care Board (now the SPPG) hosted a regional workshop on Resettlement. Occupational Therapy was identified as a gap and fixed-term funding was secured for two Band 7 Clinical

Lead Occupational Therapist posts at MAH. Consistent with the prevailing regional policies and ministerial directives at that time, the service was commissioned and designed to assist with the Resettlement process.

141. Accordingly, the first MAH Occupational Therapist post was to focus specifically on resettlement from an occupational therapy perspective – in particular, bespoke environmental design and housing solutions. This post was taken up in November 2012 by Heather McFarlane.

142. The primary focus of the second MAH Occupational Therapist post was wheelchairs and complex seating. This post was taken up in December 2012 by Dr Shelley Crawford. Dr Crawford had undertaken a PhD in the relevant specialisms of postural management, complex seating and wheelchairs.

143. The two new roles reported professionally to Aisling Curran (then Occupational Therapy Manager, Mental Health and Learning Disability) and operationally to a senior manager at MAH.

144. Given the aims of Resettlement, the newly established MAH occupational therapy service was initially funded only until March 2015 (by which time resettlement was to have been completed). However, the positive impact and value of including Occupational Therapy as part of the MAH multidisciplinary team was quicky recognised, both by other professionals with whom the OT service collaborated and by service users.

145. In the early days of the new service at MAH, a referral form was devised to assist with the prioritisation of patients. Within a matter of weeks, almost all patients on-site at MAH had been referred. The demand for occupational therapy input from MAH patients being resettled from across all Trusts was such that by 2013, a third post at Band 6 level was allocated to Occupational Therapy with an intended focus on MAH therapeutic day services alongside resettlement. This third post was taken up by Katie Forristal (née Carson) in early 2014. It was

followed shortly thereafter by provision of a new Band 5 post (taken up by Christine McClean).

146. By way of illustration, a high-level summary of the contribution of the dedicated MAH service is provided in the "*What's the impact?*" feature published in the January 2015 edition of the official Royal College of Occupational Therapists monthly magazine, "*OTnews*". A copy is provided at Tab 9 of the exhibit bundle.

147. By 2015, there was an appreciation at a higher level in the Belfast Trust of the specialist knowledge and contributions which would be lost if the MAH occupational therapy resource were not sustained once the time specific funding ended in 2015. Accordingly, the Belfast Trust continued to fund the posts through slippage in its allocated budget. When the initial two Band 7 occupational therapists moved on to new roles in late 2015 and early 2016, a new permanent Band 7 post was recruited and ultimately filled in early 2017 by Adeline Fox. In 2018, two further Band 6 Occupational Therapists were recruited to provide coverage for all MAH wards. Since that time, the focus of the Occupational Therapy work at MAH has broadened to include resettlement, environmental design, postural management, sensory integration and functional training.

148. The gradual service development I have outlined was reflected in the policy and procedural landscape for occupational therapy staff working at MAH. As in relation to the professional groups already described, occupational therapy staff working at MAH were bound by all broader Belfast Trust policies (they are not repeated here). In the occupational therapy context, these included the Belfast Trust policies concerning the use of restrictive interventions.

149. Occupational therapists at MAH were also governed by their professional training and by the professional standards and guidelines set by:

a. The HCPC, which was also the regulatory body for Occupational Therapists (referred to above);

b. The British Association of Occupational Therapists. This is the professional membership body for all occupational therapy staff working in the United Kingdom, with its wholly owned subsidiary, the Royal College of Occupational Therapists ("RCOT"). As with the professional bodies I have already identified in relation to psychology and speech and language therapy, RCOT set the professional and educational standards for the occupational therapy profession and represent the profession at national and international level; and

c. The NICE Guidelines identified in Topics 1 and 2 above, to the extent endorsed by the DoH or RCOT.

150. The training of occupational therapists is addressed in the Belfast Trust's Module 4 response. For the reasons which I have already identified, I focus here on the specific professional and regulatory guidance which governed this work. To the extent possible copies are provided at Tab 9 of the exhibit bundle.

151. Relevant HCPC provisions include:

a. HCPC "*Standards of Proficiency - Occupational therapists*". A copy of the March 2013 version is provided; and

b. The HCPC "*Standards of conduct, performance and ethics*" referred to in relation to psychology and speech and language therapy above.

152. As to RCOT, over time there has been:

a. Professional standards and ethics including:

i. 2005 RCOT "*Code of Ethics and Professional Conduct*";

ii. 2007 RCOT "*Professional standards for Occupational Therapy Practice*";

iii. 2010 RCOT "*Code of Ethics and Professional Conduct*";

iv. 2011 RCOT "*Professional standards for Occupational Therapy Practice*";

v. 2015 RCOT "*Code of Ethics and Professional Conduct*";

vi. 2017 RCOT "*Professional standards for Occupational Therapy Practice*"; and

vii. 2021 RCOT "*Professional standards for occupational therapy practice, conduct and ethics*";

b. Guidance including:

i. 2006 RCOT "*Record Keeping – Issues of Responsibility*";

ii. 2010 RCOT "*Record Keeping*";

iii. 2010 RCOT "*Risk Management*";

iv. 2018 RCOT "*Embracing risk; enabling choice: Guidance for occupational therapists*";

v. 2018 RCOT "*Keeping Records: Guidance for occupational therapists*";

vi. 2018 RCOT "*Occupational therapy and complexity: defining and describing practice*"; and

vii. 2019 RCOT "*Adaptations without delay: A guide to planning and delivering home adaptations differently*"; and

c. Good practice guidelines, briefing papers and other material including:

i. June 2009 "*Occupational Therapy with people with learning disabilities*"

ii. October 2011 Briefing 144 "*The Safe Use of Weighted Blankets*";

iii. November 2012 Briefing 153 "*Quality Briefing: Measuring Outcomes*";

iv. March 2013 Briefing "*Eight core principles for occupational therapists working with people with learning disabilities*";

v. March 2013 "*A resource about Occupational Therapy with People with Learning Disabilities*";

vi. 2014 "*Occupational Therapy and Social Housing*" leaflet;

vii. September 2015 Briefing "*Evidence-based / Evidence-informed Practice*";

viii. 2018 Briefing "*The Safe Use of Weighted Blankets (for Children and Adults)*";

ix. 2019 Briefing "*The Safe Use of Weighted Blankets (for Children and Adults)*"; and

x. 2019 "*Leading Fulfilled Lives: Occupational therapy supporting people with learning disabilities*".

153. From 2013 onwards, certain Belfast Trust and MAH-specific occupational therapy protocols, standards and guidance documents were also developed. These

were generally based on, or took account of, particularly relevant aspects of the HCPC and RCOT material referred to above. However, as I have explained in relation to the other professions addressed above, local policy contributions were intended to supplement that core material, not to replace it. Examples provided behind Tab 9 are:

a. August 2013 Belfast Trust MAH Occupational Therapy Department "*Standards of Practice: In-Patients*";

b. June 2015 Belfast Trust Mental Health and Learning Disabilities Occupational Therapy Department; "*Guidelines for Occupational Therapy Community Outings*;

c. MAH Checklist for Provision and Handover of Weighted Blanket introduced by Dr Shelley Crawford based on the 2011 RCOT/BAOT Briefing set out above; and

d. 2015 MAH General Risk Assessment Form relating to the use of weighted blankets in PICU drawn up jointly between OT (Ms Katie Carson) and Nursing (Ms Danielle Quinn).

*Policies and procedures re physiotherapy*

154. Physiotherapy is another profession that forms part of the AHP group.

155. In order to be able to provide the information in this area I have drawn on the experience of:

a. Elaine McConnell (referred to above);

b. Anne Duffy, an Assistant Service Manager for Physiotherapy within the Belfast Trust. Ms Duffy had responsibility for the Learning Disability service from a physiotherapy perspective. Ms Duffy has been in that role since 2008; and

c. Deirdre Winters, Interim Professional Head of Physiotherapy.

156. There has been a physiotherapy presence on site at MAH since before the formation of the Belfast Trust and, to the best of the Belfast Trust's knowledge, since at least the beginning of the primary timeframe with which the MAH Inquiry is concerned. It may be the position that, pre-2007, MAH obtained at least some of its physiotherapy staff from The Green Park Health and Social Services Trust (one of the legacy trusts that merged to form the Belfast Trust), which had a relatively developed physiotherapy service by that time.

157. Since the Belfast Trust became operational in 2007, and the creation of a new management structure in 2008, the Physiotherapy Service on the MAH site became integrated into the new Belfast Trust Learning Disability service, which then included both Community Services and MAH. The Physiotherapy Service was based in the Rathmore Building on the MAH site and offered a broad range of services to inpatients, including mobility assessment and rehabilitation, the promotion of physical activity, resettlement assessment, hydrotherapy in the MAH swimming pool (the swimming pool opened around 2004) and riding for the disabled which was carried out at an offsite facility.

158. By around 2008, the physiotherapy staff presence on the MAH site was a Band 7 Team Lead Physiotherapist Clinical/Managerial 1.0 Whole Time Equivalent (or "WTE"), a Band 6 Specialist Physiotherapist 0.2 WTE and two Band 4 Assistant staff /Technical Instructors 0.8 WTE. This staff level totalled 2.8 WTE and amounted to approximately 105 hours per week.

159. In addition, a Specialist Regional Aids and Appliance ("A&A") service was based on site and came under the management of the Physiotherapy Service. The A&A provided a regional service in the manufacture of helmets to prevent self-injury, and other protective equipment and bespoke adaptations to manage challenging behaviours. It also served patients on the MAH site. As at 2008, it was staffed with a Band 5 1.0 WTE Medical Technical Officer, a Band 3 1.0 WTE Assistant Medical Technical Officer and Band 1 0.53 WTE Sewing Room Assistant. This staff level totalled 2.8 WTE and amounted to approximately 93.75 hours per week.

160. Further, until 2010, a bespoke monthly multidisciplinary Orthopaedic Clinic was held on the MAH site. Shortly thereafter, it was replaced by a monthly Regional Multidisciplinary Orthotic Clinic, which remains ongoing and is managed by the MAH Physiotherapy (although funded by Orthopaedics). This is attended by an orthotist, a physiotherapist and Nursing Sister from the Orthopaedic Service in MAH. Currently, 73 patients are on the waiting list for the clinic, with 8-10 patients being seen at each monthly session. Referrals come from the Belfast Trust, the Northern Trust and the South Eastern Trust and most patients require 2-3 appointments from referral to discharge.

161. In the early years of the Belfast Trust, the Physiotherapy Service on the MAH site underwent a significant modernisation process. The nature of some of the structural and other changes is reflected in the Physiotherapy Learning Disability Service Review of Achievements document and the 2014 service modernisation plan document. Copies of each document are provided at Tab 9.

162. Historically it had been difficult to recruit into learning disability work, and so the modernisation process included workforce development. A key development was the introduction of a Band 5 Rotational Physiotherapist into the Belfast Trust Learning Disability service. This was an entry-level post which enabled young physiotherapists, at the outset of their careers, to gain exposure to working in Learning Disability, both at MAH and within Learning Disability community

services, in addition to the more popular core rotations in other specialties (such as Intensive Care and Orthopaedics). The introduction of this post had a transformational impact on the Learning Disability physiotherapy workforce and has brought consistency for service users. By way of example, of the six current Learning Disability Band 6 static physiotherapy team members, five individuals took up this post after having completed a Band 5 rotation within the service. Others have progressed to Band 7 management roles.

163. The Physiotherapy Service at MAH was also actively involved in service improvement. By way of example, in 2009, it led the pilot multidisciplinary Healthy Living Programme. A copy of a final paper for the pilot is provided at Tab 9. The project's aims were to improve individual group member knowledge of general lifestyle issues including exercise, nutrition, cessation of smoking, oral hygiene, foot care and the provision of a safe environment to develop the group member's motivation to make positive lifestyle changes. The programme was both popular and successful, as measured by its high attendance rate, improvements in participants' fitness levels, weight reduction and increased activity, diet improvements, and the consistently positive feedback from both inpatients and ward staff.

164. The Physiotherapy Service soon experienced the same issues already been described in respect of the other AHP disciplines: namely, the resettlement of MAH patients into the community became the service priority. This increased the demand within the community workforce and led to a re-appraisal of the workforce requirements on the MAH site. This, in turn, resulted in the re-profiling of certain posts. The MAH Physiotherapy Service sought to ensure as much continuity as possible, and that as much could be done as was possible to meet the needs of those patients remaining on site.

165. Over time, the Rathmore Building at MAH (one of the older buildings on the site) had fallen into some disrepair and was not included within the scope of the 2014 site infrastructure investment and improvement project. Instead, the

Physiotherapy Department and the specialist A&A Service moved to the newly-renovated MAH Portmore Building, which was officially opened in January 2016.

166. By this time, the A&A Service had also been modernised. Resettlement had led to a reduction in the numbers of patients based on the MAH site and the patient profile for protective equipment had changed, although there remained regional demand for the production of bespoke protective helmets. This offering was re-evaluated following the creation of a working group in 2017, with representation from the Learning Disability Service, a UK based orthotic company, Trust IT and patients and service users. This resulted in the development of an innovative new scanning device and service which involved the production of a 3D image of an individual's head, which was then shared with a third-party helmet manufacturer before the individual attended the MAH clinic for fitting and adaptation. The project was nominated for awards including the Trust Chairman Awards and the Regional AHP Awards.

167. The monthly Regional Helmet clinic, run by the A&A Service at MAH, remains ongoing. Currently, there are 91 patients on its review list, with adults reviewed every 3 years. Referrals are made from other AHPs, epilepsy nurses and Consultant Paediatricians within the Belfast Trust, the Northern Trust and the South Eastern Trust (at a rate of around 2 per month).

168. The core Physiotherapy Service at MAH is today comprised of a Band 8a Physiotherapist which covers MAH, Community Services and two other services, a 0.5 WTE Band 7 Physiotherapist, a 2.0 WTE Band 6 Physiotherapist, a 1.0 WTE Band 5 Rotational Physiotherapist and a 1.0 WTE Band 4 physiotherapist. There is also a vacant Band 4 post. This totals 5.5 WTE and equates to approximately 188.5 hours per week. A comparative summary of the staffing on site between 2008 and 2021 is provided at Tab 9.

169. In addition to their core work, physiotherapy staff at MAH continue to seek to find and develop physical activity projects for patients which are innovative and

promote their engagement and enjoyment. Some examples in this regard include the Exercise Prescription Project MAH 2016, Physiotherapy Walking Groups and the Move More Challenge in October 2021. These are referred to in the documents provided at Tab 9.

170. There is also a high level of engagement and strong working relationships between physiotherapy staff at MAH and other AHP colleagues.

171. Like their other AHP colleagues, physiotherapists at MAH were similarly bound by all broader Belfast Trust policies, which are not repeated here.

172. As with psychology and the other AHP disciplines, there has seen significant service development within physiotherapy from the formation of the Belfast Trust, during which the primary source of governance has been their professional training and the standards and guidelines set by:

a. The HCPC (as addressed above);

b. The Chartered Society of Physiotherapy (the "CSP"), the professional body for physiotherapists in the United Kingdom. In addition, there is a specialist professional network of the CSP for those physiotherapists and physiotherapy support workers working in the field of learning disability, known as the Association Of Chartered Physiotherapists For People With Learning Disabilities (the "ACPPLD"); and

c. The NICE Guidelines identified in Topics 1 and 2 above.

173. Regulatory and professional guidance was regularly reviewed and updated in response to a breadth of evidence, feedback and learning. It was also capable of providing a level of highly specialist guidance as to the assessment, treatment and management of adults with a learning disability which could not easily be replicated or rivalled at a local level. The greater reliance placed on such standards

and guidance, than on the development of local policies, ensured best practice as well as standardisation in the delivery of the physiotherapy service. I address briefly the key provisions derived from each body. Available documents are exhibited behind Tab 9.

174. As to the HCPC, these include:

a. "*Standards of Proficiency - Physiotherapists*". A copy of the 2013 version is provided; and

b. "*Standards of conduct, performance and ethics*" already referred to above, which are common to all HCPC-regulated AHP professionals.

175. As to the CSP, there are:

a. Professional standards and ethics including:

i. 2000 "*Core and Service Standards*";

ii. 2005 "*Core and Service Standards*";

iii. 2011 "*Code of Members' Professional Values and Behaviour*";

iv. 2012 "*Quality Assurance Standards for physiotherapy service delivery*" and accompanying Summary document; and

v. 2019 "*Code of Members Professional Values and Behaviour*"; and

b. Guidance, guidelines and other material including:

i. 2011 "*Physiotherapy Framework*"**;**

ii. 2016 "*So your next patient has a learning disability? A guide for physios not specialising in learning disabilities*";

iii. 2019 "*Standards of Practice for Physiotherapists. Working with adults with a learning disability*" (developed with, and endorsed by, the ACPPLD);

iv. 2020 "*So your next patient has a learning disability? A guide for physios not specialising in learning disabilities*"; and

v. 2020 Physiotherapy Framework.

176. The Belfast Trust Physiotherapy Service introduced specific guidance and procedures to implement broader national and regional guidance in certain areas. An example of this is the 2014 Belfast Trust Physiotherapy Service framework for the implementation of the GAIN "*Guidelines on caring for people with a learning disability in general hospital settings*" (referred to at Topic 1 above). A copy is exhibited behind Tab 9. This document provided a framework to demonstrate how the GAIN Guidelines would be delivered within the Service.

*Policies and procedures re dietetics*

177. Dieticians are another member of the Allied Health Professions.

178. In order to provide the below information to the MAH Inquiry I have drawn on the expertise of:

a. Lucy Hull, Dietetics Manager, Belfast Trust; and

b. Elaine McConnell (referred to above).

179. By way of introduction, the first dietetics post based on-site at MAH commenced in 2006. This was when MAH was still operated by the North and West Belfast Health and Social Services Trust. Funding was initially for a Band 7 Clinical Specialist Dietician working a 0.5 Whole Time Equivalent (or WTE) (amounting to about 18.75 hours per week).

180. This continued to be the position from 2007 when what are now referred to as the various legacy trusts merged to form the Belfast Trust.

181. It may be the position that, pre-2006, MAH was serviced by a community dietetics post managed by the Royal Hospitals Trust (one of the other legacy Trusts that merged to become the Belfast Trust). Ms Ann Laverty RD was in this RVH dietetics post for a number of years.

182. In 2019, the dietetics resource at MAH was increased following the creation of two new posts, namely, a 0.85 WTE (32 hours per week) Band 7 Dietician and a 0.5 WTE (18.75 hours per week) Band 3 Dietician.

183. From 2006 the dietetic service at MAH operated on a referral basis. Referrals could be for a number of different nutritional reasons such as weight reduction, weight gain, diabetes or general nutrition support.

184. Dietitians attended MAH Ward Rounds and Case Discussions for patients on their caseload, with the individual in post from 2006 to 2017 also attending the AHP MDT meetings on a monthly basis to discuss patient care.

185. More broadly, the dietitian met with family members and carers to provide advice and guidance as to how to best support a given patient.

186. On discharge, dietitians liaised with relevant members of the Community team and oversaw the efficient transfer of care to a Community Dietitian where required.

187. The service at MAH also ran various incentives and programmes intended to improve the patient experience and lifestyle, as well as to support resettlement. These included working closely with Catering at MAH to ensure that the food service met nutritional requirements and provided a healthy and balanced diet. It also involved the development of a Nutrition Steering Group and other programmes, including the "*I Can Cook It*" programme for patients, and a weight management programme. All programmes and initiatives were positively received.

188. As with the other AHP professions, the work of dietitians operating at MAH over time was governed and guided by their professional training as well as standards and practice emanating from a number of sources. These include:

a. The HCPC, their regulatory body (as above);

b. The British Dietetics Association (the "BDA"), their professional association. The standards and guidelines of the BDA apply to all members including students;

c. NICE Guidelines (relevant guidelines identified in Topics 1 and 2 above); and

d. The Belfast Trust and its predecessor Trust.

189. Addressing each in turn, relevant HCPC material includes:

a. "*Standards of Proficiency – Dietitians*". Copies of the 2003, 2007 and 2013 versions are provided behind Tab 9; and

b. "*Standards of conduct, performance and ethics*", common to each of the AHP groups and addressed above.

190. As to the BDA:

a. Professional standards and ethics including those set out in the "*Code of Professional Conduct*". Copies of the 2004, 2008 and May 2017 versions are provided;

b. Guidance and guidelines including:

i. July 2001 Joint BDA/Dietitians Board "*Guidance on Standards for Records and Record Keeping*"; and

ii. August 2008 "*Guidance for Dietitians for Records and Record Keeping*"; and

c. Guidelines produced or shared by the Mental Health Specialist Group of the BDA (which have been shared specifically with the wider dietetics team within the Belfast Trust) including:

i. 2008 "*Home Enteral Tube Feeding for Adults with a Learning Disability*";

ii. 2011 "*Weight Management for Adults with a Learning Disability Living in the Community*";

iii. June 2017 "*Weight Management Information Sheet*";

iv. October 2017 "*The Nutritional Care of Adults with a Learning Disability in Care Settings*"; and

v. (Undated) Prader-Willi Syndrome Association UK "*Useful Information for Dietitians managing PWS patients*".

191. Certain Belfast Trust policies also concerned the work of (and were contributed to by) dietitians involved at MAH. These include:

a. The "*Food, Fluid and Nutrition Policy – Adult in-patient setting*" (SG 44/11) referred to in relation to speech and language therapy above;

b. "*The Prevention & Management of Patient, Client and Service Users with Identified Choking Risks*" (SG 27/17) referred to in relation to speech and language therapy above;

c. The iterations of the Belfast Trust "*Guideline for the translation from National texture Descriptors to International dysphagia diet standardised levels*" (SG 06/19) referred to in relation to speech and language therapy above; and

d. April 2016 Belfast Trust "*Prioritising the Mealtime Experience (Protected Mealtimes) Policy*" (SG 60/15) (version 1).

**Topic 8 – Resettlement policies (and provision for monitoring of resettlement)**

192. In order to be able to provide the information set out below I have drawn on the assistance of:

a. Marie Heaney, former Director of Adult Social & Primary Care, Belfast Trust;

b. Tracy Reid, Interim Executive Director of Social Work within the Belfast Trust;

c. Maurice O'Kane, former Planning & Performance Manager, Adult Social & Primary Care Directorate within the Belfast Trust. Mr O'Kane performed this role for many years prior to his retirement in 2021. Within this role, Mr

O'Kane was the Belfast Trust's resettlement lead for adult learning disability. Prior to joining the Belfast Trust Mr O'Kane held a similar role within the South & East Belfast Health and Social Services Trust (one of the legacy Trusts that merged to form the Belfast Trust);

d. Bernie McQuillan, Co-Director Planning & Equality, Belfast Trust;

e. Magda Keeling, Service Manager, Learning Disability, Belfast Trust; and

f. Fiona Rowan, Interim Divisional Social Work and Social Care Lead, Adult, Community & Older Peoples Services.

*Resettlement policies*

193. As the MAH Inquiry will be aware, learning disability resettlement has been a regional policy aim in Northern Ireland (as it was nationally) since the late 1970s. The contributions of the Belfast Trust need to be considered in that wider context. Resettlement itself is, by necessity, also a multi-agency issue.

194. The key policies and related material concerning resettlement (some of which are of more general application and have already been addressed in earlier topics above), are set out in chronological order below. As I have already indicated when addressing other areas, it has not been possible in the time available for the Belfast Trust, to date, to source copies of some of the more historic regional material to which I refer below. However, where possible, copies of the relevant policies and related material are provided behind Tab 10 of the exhibit bundle. The key documents are:

a. 1978 DHSS "*Services for the Mentally Handicapped in Northern Ireland – Policy and Objectives*";

b. 1995 DHSS Review of Policy for People with a Learning Disability (referred to in Topic 1 above);

c. September 1996 Eastern Health and Social Services Board "*A Model of Community Based Services for People with Learning Disabilities*";

d. 1997 DHSS "*Health and Wellbeing: Into the Next Millennium: Regional Strategy for 1997-2002*" (referred to within Topic 1 above);

e. 2000 North and West Belfast Health and Social Services Trust Consultation Document in relation to the closure of resettlement wards and reduction of treatment capacity at MAH. A copy is provided as part of the Belfast Trust's Module 1 witness statement;

f. March 2002 DHSSPS "*Priorities for Action 2002-03*";

g. February 2003 DHSSPS "*Priorities for Action 2003-04*";

h. 2004 DHSSPS Regional Strategy "*A Healthier Future: A Twenty Year Vision for Health and Wellbeing in Northern Ireland 2005-2025*" (referred to within Topic 1 above);

i. May 2004 DHSSPS "*Audit of Learning Disability in Northern Ireland*" A copy of this document (which includes a chapter addressing the accommodation and support needs of people with a learning disability) is provided as part of the Belfast Trust's Module 1 witness statement;

j. March 2004 DHSSPS "*Priorities for Action 2004-05*";

k. September 2005 Department for Social Development "*Supporting People, Changing Lives: The Supporting People Strategy 2005-2010*";

l. September 2005 DHSSPS "*Equal Lives; Review of Policy and Services for People with a Learning Disability in Northern Ireland*" by the Bamford Review of

Mental Health and Learning Disability (Northern Ireland) (referred to within Topic 1 above);

m. June 2006 DHSSPS "*Priorities for Action 2006-08*";

n. January 2007 DHSSPS "*Priorities for Action 2007-08*";

o. January 2008 OFMDFM "*Programme for Government*";

p. April 2008 DHSSPS "*Priorities for Action 2008-09*";

q. March 2009 DHSSPS "*Priorities for Action 2009-10*";

r. October 2009 DHSSPS "*Delivering the Bamford Vision: The Response of the Northern Ireland Executive to the Bamford Review of Mental Health and Learning Disability, Action Plan 2009-2011*" (referred to within Topic 1 above);

s. October 2009 Northern Ireland Audit Office Report "*Resettlement of long-stay patients from learning disability hospitals*";

t. March 2010 DHSSPS Circular HSC (ECCU) 1/2010 "*Care Management, Provision of Services and Charging Guidance*";

u. May 2010 DHSSPS "*Priorities for Action 2010-11*";

v. December 2011 DHSSPS "*Transforming Your Care: a review of health and social care in Northern Ireland*" (referred to within Topic 1 above);

w. November 2012 DHSSPS "*Delivering the Bamford Vision: The Response of the Northern Ireland Executive to the Bamford Review of Mental Health and Learning Disability, Action Plan 2012-2015*" (referred to within Topic 1 above);

x. October 2014 NIHE Report "*The Hospital Resettlement Programme in Northern Ireland after the Bamford Review Part 1: Statistics, Perceptions and The Role of The Supporting People Programme*";

y. 2015 NHS England, ADASS and Local Government Association "*Building the Right Support. A national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition*";

z. June 2017 NIHE Report "*The Hospital Resettlement Programme in Northern Ireland after the Bamford Review Part 2: The Experience of Learning Disabled People Resettled from Long Stay Hospitals*"; and

aa. July 2022 Mongan and Sullivan "*Independent Review of the Learning Disability Resettlement Programme in Northern Ireland*".

195. In broad terms, the regional documents identified above set both broad strategic direction and specific targets for resettlement.

196. The Belfast Trust's response to the regional resettlement programme and its proposals for progressing and implementing resettlement at a local level in successive periods are reflected in a range of documents and provisions (including at Directorate and Divisional levels). Where available, copies are provided behind Tab 10 of the exhibit bundle. These include, in chronological order:

a. January 2000 South & East Belfast Health and Social Services Trust "*Accommodating Diversity – 2000 and beyond – Towards a Strategy for Supporting Disabled People*";

b. 1999/2000 – 2001/02 South & East Belfast Health and Social Services Trust "*Response to Proposals for Health and Social Services: A Service and Financial Framework*";

c. 2008 Belfast Trust *"New Directions – A Conversation on Future Delivery of HSC Services in Belfast"* Public Consultation*;*

d. 2008-2011 Belfast Trust Delivery Plan. The nature of the Belfast Trust Delivery Plan documents are addressed as part of the Belfast Trust's Module 2 response. Relevant to the specific topic of resettlement, they are developed in response to the departmental Priorities for Action targets;

e. 2008-2010 Belfast Trust Mental Health & Learning Disability "*Management Plan 2008-2010*";

f. 2009-2010 Belfast Trust Delivery Plan. Although marked "*Draft*", this reflects the final version of this document;

g. 2009-2010 Belfast Trust Mental Health & Learning Disability "*Management Plan 2009-10";*

h. 2009 Belfast Trust Mental Health & Learning Disability Modernisation Framework;

i. August 2009 Belfast Trust *"Excellence and Choice: The Future Provision of learning disability services in Belfast"* Public Consultation;

j. May 2009 "*What's required to resettle all patients no longer receiving treatment in Muckamore Abbey*";

k. 2010-2011 Belfast Trust Delivery Plan;

l. 2010-2011 Belfast Trust Social and Primary Care Service "*Management Plan 2010/2011*";

m. 2011-2012 Belfast Trust Delivery Plan (Parts 1 and 2). Although marked "*Draft*", these documents reflect the final version of this Delivery Plan;

n. 2011-2012 Belfast Trust Social and Primary Care Service *"Management Plan 2011/2012";*

o. December 2012 Belfast Trust "*Learning Disability Resettlement (and Delayed Discharge) Draft 3 year plan April 2012 to March 2015*";

p. 2012-2013 Belfast Trust Delivery Plan. Although marked "*Draft*", this reflects the final version of this document;

q. 2012-2013 Belfast Trust Social and Primary Care *"Management Plan Objectives 2012/13";*

r. 2013-2014 Belfast Trust Business Plan (incorporating the Trust Delivery Plan);

s. 2013-2014 Belfast Trust Adult Social and Primary Care *"Management Plan 2013/14";*

t. 2014-2015 Belfast Trust Business Plan (incorporating the Trust Delivery Plan). Although marked "*Draft*", this reflects the final version of this document;

u. 2014-2015 Belfast Trust Adult Social and Primary Care *"Management Plan 2014/15";*

v. 2015-2016 Belfast Trust Delivery Plan;

w. 2015-2016 Belfast Trust Adult Social and Primary Care *"Management Objectives 2015-16";*

x. 2016-2017 Belfast Trust Delivery Plan;

y. 2016-2017 Belfast Trust Adult Social and Primary Care Services *"Management Plan Summary"* (contained within Belfast Trust Corporate Management Plan 2016-2017);

z. 2017-2018 Belfast Trust Delivery Plan;

aa. 2017-2018 Belfast Trust Adult Social and Primary Care *"Management Objectives 2017-18";*

bb. 2018-2019 Belfast Trust Delivery Plan;

cc. 2018-2019 Belfast Trust Intellectual Disability Division *"Management Plan Summary 2018-19";*

dd. 2018-2019 - 2020-2021 Belfast Trust Learning Disability Community "*Divisional Objectives Summary*";

ee. 2019-2020 Belfast Trust Delivery Plan. Although marked "*Draft*", this reflects the final version of this document. Please note that a Trust Delivery Plan was not required in respect of the year 2020-2021 due to the COVID-19 pandemic; and

ff. November 2019 Belfast Trust MAH Draft HSC Action Plan; The HSC Action Plan was a shared action plan with the Health and Social Care Board and a dynamic document which was regularly updated for discussion at regional meetings. Copies of other HSC Action Plans are provided as part of the Belfast Trust's Module 6 response.

197. As illustrated by the nature and breadth of the documents above, the Belfast Trust's approach to resettlement cannot be said to be contained in a single policy document or framework. Rather, the resettlement agenda was necessarily an evolving one in response to both the progress made and the prevailing circumstances, including as to what was possible. Further details of the approach may well be reflected in a range of other documents which relate more to implementation and performance against targets than to the setting of the Belfast Trust's policy. This latter type of material has not been provided at this stage.

198. The relevant processes for, and model of resettlement, which applied in the case of individual patients at MAH was reviewed and refined at various times during the primary time period being considered by the MAH Inquiry. In broad terms, it was an assessment-led process which involved professional input from across the multidisciplinary team (such as medical, nursing, occupational therapy, positive behavioural support, speech and language therapy) across a number of different phases (assessment, planning, review and trial). By way of recent illustration only, this is reflected in the following documents, copies of which are provided behind Tab 10 of the exhibit bundle:

a. "*Resettlement Process*" document;

b. 2021 Belfast Trust "*Resettlement Process Document MAH 2021*". Although marked "DRAFT", this reflects the version of this document which has been used within the Belfast Trust; and

c. June 2020 Belfast Trust report "*Summary of Learning from Unsuccessful Trial Placements*" by Fiona Rowan, which informed the "*Resettlement Process Document MAH 2021*".

199. Housing development was a critical aspect of planning for (and the ability to implement) resettlement. It was also a significant challenge to the progress of resettlement due to a shortage of appropriate accommodation and support services and misalignment between the separate health and funding streams. It is important to emphasise that the Belfast Trust's care management budget extended only to the provision of care; it was not capital funding for the provision of homes and facilities.

200. Following the Bamford action plans, the Belfast Trust developed an accommodation strategy (addressed in the documents referred to above) which focused on the development of supported living arrangements for those being

resettled from MAH, including supported housing and the development and commissioning of specialist nursing provision with the private sector. From 2003, the central initiative was "*Supporting People*", a policy and funding framework for housing support services which was funded through the Department for Social Development ("DSD") and administered by the Northern Ireland Housing Executive ("NIHE"). Planning in this area was reflected in a number of specific Belfast Trust documents, copies of which are provided at Tab 10, including:

a. December 2012 Adult Social and Primary Care "*Supported Housing 3 year development plan*";

b. April 2013 "*Supported Housing 3 year development plan*" (version 3);

c. June 2013 "*Supported Housing 3 year development plan*" (version 4);

d. June 2014 "*Supported Housing 3 year development plan*" (version 12);

e. August 2014 "*Supported Housing 3 year development plan*" (version 12);

f. October 2014 "*Supported Housing 3 year development plan*" (version 13);

g. January 2015 "*Supported Housing 3 year development plan*" (version 15);

h. February 2015 "*Supported Housing 3 year development plan*" (version 16);

i. April 2015 "*Supported Housing 3 year development plan*" (version 17);

j. March 2016 "*Supported Housing 3 year development plan*" (version 21);

k. April 2016 "*Supported Housing 3 year development plan*" (version 22);

l. June 2016 "*Supported Housing 3 year development plan*" (version 22); and

m. September 2016 "*Supported Housing 3 year development plan*" (version 24)

201. In the autumn of 2016, the NIHE advised the Belfast Trust and housing support providers that the "*Supporting People*" budget was over-committed and therefore announced a reduction in funding across all schemes. The consequence was that 8 out of 9 housing schemes intended for the resettlement of Belfast trust patients were ended. This decision obviously had a detrimental impact on resettlement. In this regard, I refer to:

a. September 2016 Belfast Trust presentation to the Belfast Trust Chief Executive concerning the cessation of the Supported Living Programme; and

b. 2020 "*Homes Not Hospitals – An analysis of barriers and learning to support people with a learning disability and/or autism who display behaviours that challenge including those with a mental health condition*" presentation to Muckamore Departmental Assurance Group.

*Provision for monitoring of resettlement*

202. In addressing "*provision for monitoring of resettlement*", I focus on providing a brief overview of the structures and systems used to monitor the progress of resettlement as a policy item. There is some overlap between the documents derived from these oversight mechanisms (such as reports and action plans) and the policy type material which I have already identified. For completeness, the process for resettlement of individual patients also involved elements of "*monitoring*" or review (such as in relation to trial placements) which I do not address here.

203. At regional level, there was, during some periods, an absence of structures to monitor performance against resettlement targets. However, over time the resettlement process has been overseen by regional mechanisms including:

a. The Regional Project Steering Group ("RPSG"). The RPSG was established by the DHSS in 1999 and contained representatives of the DHSS, the then four Health Boards (all of whom had patients in MAH) and the North & West Belfast Health and Social Services Trust (which operated MAH on behalf of the Eastern Board). The RPSG operated until 2002;

b. The Regional Resettlement Team. This team was established by the DHSSPS in 2007 following the Bamford Review and had representation from service commissioners, the HSC Trusts, the DSD, the NIHE and voluntary and community sectors including the Society of Parents and Friends of Muckamore group;

c. The Mental Health and Learning Disability Board (the "MHLD Board"). The Board was established in August 2007 following difficulties recruiting for a Director of Mental Health and Learning Disability within the DHSSPS;

d. The Health and Social Care Board Programme Management and Service Improvement Directorate (the "PMSID"). The PMSID was initially part of the DHSSPS but was subsequently taken over by the HSCB. It was responsible for the monitoring of the departmental Priorities for Action ("PfA"), including resettlement targets. Individuals within the Belfast Trust met with the PMSID on a monthly basis to review progress and issues associated with the delivery of key PfA targets; and

e. The Muckamore Abbey Hospital Departmental Assurance Group ("MDAG"). This group is overseen by the DoH. MDAG has representation from the HSCB (now SPPG), PHA, RQIA, the five HSC Trusts, professional representatives, specialist accommodation providers, academia and patient

families and relatives. It is chaired by the Chief Nursing Officer and Chief Social Worker. MDAG was convened following the 2018 Level 3 SAI which resulted in the report known as "*A Way to Go?*". Its focus is on resettlement and it monitors and manages an action plan.

204. The Delegated Statutory Functions ("DSF") reports provided to HSBC/SPPG often addressed the difficulties with resettlement. The summaries included services provided by its Social Work and Social Care workforce, including work done and challenges faced in relation to resettlement. Copies of the DSF reports are currently being disclosed to the MAH Inquiry.

205. Within the Belfast Trust, the MAH resettlement programme was reported on and reviewed by:

a. The Muckamore Resettlement Group; and

b. The MAH Resettlement and Oversight Group.

206. Progress in relation to resettlement has also been monitored within service groups, and at directorate and corporate level as part of the broader Belfast Trust governance and assurance arrangements.

207. A number of reports have also specifically considered the progress of resettlement, made recommendations and resulted in action plans which were monitored at various levels up to and including the DoH. For example:

a. The 2009 Northern Ireland Audit Office report "*Resettlement of long-stay patients from learning disability hospitals* (referred to above);

b. 2018 Level 3 SAI resulting in the "*A Way to Go?*" report (referred to above). The key recommendations of this report relate to provision for monitoring resettlement; and

c. More recently, the 2022 DoH "*Independent Review of the Learning Disability Resettlement Programme in Northern Ireland*". The latter two reports are addressed in more detail as part of the Belfast Trust's Module 6 response.

**Topic 9 – Complaints and whistleblowing: policies and procedures**

208. Complaints and whistleblowing are quite different issues. Consequently, I address each of the above topics separately. In doing so, I have drawn on the experience of:

a. June Champion, former Co-Director Risk & Governance and Head of Office of Chief Executive within the Belfast Trust from its formation in 2007 until retirement in 2014;

b. Claire Cairns, current Co-Director Risk & Governance within the Belfast Trust since 2014; and

c. Rachel Maxwell, Service Manager, Licensing & Regulations, Complaints, Clinical Ethics at the Belfast Trust.

*Complaints policies and procedures*

209. The complaints process in the Northern Ireland Health and Social Care system (HSC) is a Northern Ireland wide (or regional system). It is centrally designed, arises form legislation, and is imposed on HSC bodies including the Belfast Trust. It is the responsibility of the DoH.

210. Belfast Trust policies have reflected, and kept pace with, emerging regional guidance. Following the formation of the Belfast Trust in 2006, and becoming operational in 2007, it was considered that the development of the first Belfast

Trust policy and procedure in this area should await expected regional direction. The regional directions were provided by DHSSPS in April 2009. Legacy Trust policies continued to govern the complaints process until that time. Each of the legacy trust policies were based on the prevailing regional guidance, which I identify below.

211. The following would appear to be the relevant documents and policies relating to the issue of HSC Complaints. To the extent possible, copies of the documents to which I refer are provided at Tab 11 of the exhibit bundle:

a. May 1994 NHS Review by Professor Alan Wilson, "*Being Heard*";

b. March 1995 Health and Personal Social Services (HPSS) policy "*Acting on Complaints*";

c. December 1996 DHSSPS "*Guidance on implementation of the HSS Complaints Procedure*"**;**

d. The Health and Social Care Complaints Procedure Directions (Northern Ireland) 2009;

**e.** April 2009 DHSSPS Guidance "*Complaints in Health and Social Care: Standards and Guidelines for Resolution and Learning*" (the "2009 Guidance");

f. April 2010 Belfast Trust complaints policy, entitled "*Policy and Procedure for the Management of Complaints & Compliments*" (TP 045/10), dealing with "*Investigation and Resolution*";

g. 2012 Belfast Trust addition of an appendix to its complaints policy entitled "*Guidance for Investigation and Escalation Protocol for Complaints*" (see page 2 and page 52 of 53 of the 2013 policy);

h. September 2013 Belfast Trust "*Policy and Procedure for the Management of Complaints and Compliments*" (TP 44/10) (version 2);

i. March 2017 Belfast Trust "*Policy and Procedure for the Management of Comments, Concerns, Complaints & Compliments*" (TP 45/10) (version 3);

j. 2019 DoH revised departmental guidance entitled "*Guidance in relation to the Health and Social Care Complaints Procedure*" (the "2019 Guidance"); and

k. April 2020 Belfast Trust "*Policy and Procedure for the Management of Comments, Concerns, Complaints and Compliments*" (TP 45/10) (version 4).

212. For completeness, in April 2022, the DoH produced updated guidance entitled "*Guidance in relation to the Health and Social Care Complaints Procedure*".

213. Following its recall of neurology patients arising out of the investigation into the treatment provided by former Consultant Neurologist Michael Watt, the Belfast Trust introduced a process of independent peer review as part of the investigation of certain types of complaints regarding members of medical staff. This is known as "*Clinical Record Review*" ("CRR"). In summary, the process is intended to operate where a complaint includes a clinical component relating to "*Quality of Treatment and Care*" or "*Staff Attitude/ Behaviour*" in relation to medical staff. It involves an equivalently qualified doctor to the individual complained about conducting an assessment of the care provided and reporting to the relevant Clinical Director who would sign off the review and initiate whatever action was necessary thereafter. It is intended that this will allow for a more thorough investigation of clinical complaints than has been the position previously. For reference, a copy of the Belfast Trust's Standard Operating Procedure for Complaints Department staff and its May 2022 Clinical Record Review Implementation Overview Guidance are provided at Tab 11.

214. The Belfast Trust is the first HSC Trust in Northern Ireland to seek to develop a process such as Clinical Record Review. Its development was commended by the Independent Neurology Inquiry ("INI"). However, I wish to emphasise that the Belfast Trust is currently dealing with a number of challenges in implementing and improving the CRR process. The May 2022 CRR Guidance is currently undergoing revision. CRR completion rates are monitored on an ongoing basis across all service-facing Directorates. Monthly reports are shared with Executive Directors as well as with the Medical Director and the Chief Executive. Work has also begun to develop and pilot CRR processes for Nursing and Allied Health Professional staff. The MAH Inquiry may wish to consider this process in more detail in due course.

215. In the meantime, the Medical Director's Office continues to provide CRR training and awareness sessions to encourage understanding and implementation of the process. A Complaint Investigation Training package, including the use of Clinical Record Reviews, was developed by the Belfast Trust and has been delivered since November 2022. A copy is provided at Tab 11. Since 1 January 2023, the training has been mandatory for all staff involved in the investigation of complaints.

216. Further, the Belfast Trust is aware that the DoH intends to review the regional complaints procedure following the report from the INI. In this regard, the Belfast Trust notes the relevance of the ongoing learning from the NHS Wales "*Putting Things Right*" initiative, the June 2014 Keith Evans '*Review of Concerns (Complaints) Handling within NHS Wales – "Using the Gift of Complaints"*' and the continuing Annual Reports as to progress. These concisely express the challenges and concerns of both those raising concerns through the complaints process and those responding to such concerns.

217. Further, the Northern Ireland Public Service Ombudsman (NIPSO) also has broad powers to investigate health and social care bodies, pursuant to section 15 of the Public Services Ombudsman Act (Northern Ireland) 2016. As part of the

role of NIPSO it has introduced, pursuant to section 35 of the Public Services Ombudsman Act (Northern Ireland) 2016, a statement of principles with which a public body must comply in its complaint handling procedure. It is likely these principles will be reflected in any new DoH HSC complaints procedures.

*Whistleblowing policies and procedures*

218. The Belfast Trust's policies and procedures in relation to whistleblowing are a response to and/or based on or take account of the following national and regional documents and guidance, available copies of which are provided at Tab 11:

a. March 2010 Public Concern at Work ("PCaW" now PROTECT) "*Where's whistleblowing now? 10 years of legal protection for whistleblowers*";

b. 22 March 2012 DHSSPS Correspondence from the Health Minister SUB/325/2012 "*Your right to Whistle blow*";

c. January 2014 National Audit Office Investigation Report "*Government Whistleblowing Policies*";

d. March 2014 NHS England "*Raising Concerns at Work: Whistleblowing Guidance for Workers and Employers in Health and Social Care*", published following the February 2013 Report of the Mid-Staffordshire NHS Foundation Trust Public Inquiry;

e. November 2014 joint publication by the National Audit Office, Audit Scotland, the Wales Audit Office and the Northern Ireland Audit Office, with the support and advice of PCaW, entitled "*Whistleblowing in the Public Sector: A good practice guide for workers and employers*";

f. September 2016 RQIA "*Review of the Operation of Health and Social Care Whistleblowing Arrangements*"; and

g. November 2017 DoH "*Your Right to Raise a Concern (Whistleblowing)*" HSC Framework & Model Policy. This Framework & Model Policy was developed following regional collaboration with Northern Ireland HSC organisations and trade unions in response to the recommendations arising from the September 2016 RQIA Review identified above. The DoH required all HSC organisations to adopt the Model Policy but to tailor it to take account of their particular organisation's policies and procedures.

219. In addition, the Belfast Trust has benefitted from the further recommendations and learning in this area articulated in the following reviews and reports:

a. February 2015 Independent Report for the Secretary of State for Health (by Kate Lampard and Ed Marsden) entitled "*Themes and lessons learnt from NHS investigations into matters relating to Jimmy Saville*". A prominent theme identified was the reluctance of victims to raise the alarm about sexual abuse and other inappropriate behaviours. The Report recommended certain improvements including a shift in terminology from "*whistleblowing*" to "*raising concerns*" and the encouragement of a supportive culture to enable reporting without fear of adverse consequences;

b. February 2015 Sir Robert Francis QC "*Freedom to speak up*" Review Report into creating an open and honest reporting culture in the NHS. The Report outlined 20 "*principles*" together with recommended actions for NHS organisations to undertake to deliver an open and honest culture of safety and learning for NHS staff; and

c. The national "*Freedom to Speak Up*" policy for the NHS and the NHS England and National Guardian's Office Reflection and Planning Tool and updated guidance, most recently revised in June 2022.

220. The specific Belfast Trust policies in this area are as follows:

a. September 2008 "*Whistleblowing Policy*" (TP 22/08) (version 1);

b. June 2013 "*Whistleblowing Policy*" (TP 22/08) (version 2); and

c. April 2018 "*Your Right to Raise a Concern (Whistleblowing Policy)*" (TP 22/08) (version 3). This version followed the September 2016 RQIA Review referred to above.

221. The details of the Belfast Trust whistleblowing procedures are set out within the iterations of the above policy and appendices. Those procedures apply to all staff of the Belfast Trust, including permanent, temporary and bank staff, staff in training, independent contractors engaged to provide services, volunteers and agency staff who wish to raise concerns as to actual or potential wrongdoing or malpractice. The policy explains the distinction between the whistleblowing procedures and both the complaints procedure (available to those outside of the organisation including service users and members of the public) and employment procedures (which deal with conduct and behaviour at work affecting or concerning staff members, such as the Grievance, Working Well Together, Harassment and Bullying and Accident/Incident Reporting Procedures).

222. In broad summary only, the whistleblowing procedures require and encourage concerns to be raised informally with the staff member's line manager (or lead clinician or tutor) in the first instance and, if this is not possible or the staff member considers the issue or concern unresolved, then with:

a. The designated advisor/advocate for the staff member's Directorate. The relevant individuals and their contact details are identified at Appendix D of the 2018 version. This introduction of the Directorate Advocate role was an important addition in response to the September 2016 RQIA review. It was intended to simplify the process of raising a concern and to render it accessible to all staff. Around 40 staff individuals were identified (by the Directors of the Belfast Trust) to fulfil these roles. PCaW were commissioned to provide training for the advocates. This took the form of full-day sessions on three separate dates from December 2017 to February 2018 and covered key information about the raising concerns/whistleblowing policy, roles and responsibilities. In addition to becoming a contact for staff, the individuals identified were also expected to raise awareness about the need to raise concerns within their Directorates, at staff meetings and on regional awareness event dates. PCaW also provided awareness sessions to the Belfast Trust Board and Directors and have subsequently returned to deliver refresher sessions and train further staff identified as advocates;

b. The Head of Office. Their contact details are similarly identified at Appendix D; and/or

c. Externally, to the organisations/persons identified within the policy itself including but not limited to the Department of Health, a discipline-specific regulatory body, the RQIA and the Health and Safety Executive Northern Ireland.

223. As to the external bodies referred to above:

a. The section of the DoH website relating to "*Raising Concerns*" provides contact details for a Complaints Officer for those who wish the DoH to consider their concern from the outset; and

b. The section of the RQIA website relating to "*Whistleblowing*" provides contact details for the RQIA's Guidance Team as well as links to further guidance including its October 2018 "*Guidance for Whistleblowers*" (recently updated in June 2021). A copy of this guidance is provided at Tab 11.

224. The Belfast Trust whistleblowing procedures include support mechanisms for the staff member wishing to raise a concern. The Directorate Advocates referred to above are specifically trained to provide personal support and to identify further sources of support.

225. Within the Belfast Trust, the raising concerns/whistleblowing procedures provide for the maintenance of a record of the date an individual concern was received, whether the staff member requested confidentiality, a summary of the concerns and the date on which the staff member was given updates or feedback. They further provide for a proportionate investigation to be undertaken by an independent individual, who must endeavour to report within 12 weeks of receipt of the concern. In order to ensure and implement learning:

a. The final outcome of the investigation report and "lessons learned" will be documented and approved as final by the responsible Director;

b. The findings will be independently assessed by a professional Executive Director for assurance that the matter has been appropriately addressed;

c. High level information about all concerns raised through the procedures and action taken to address any issues is shared with both the Belfast Trust Board and the DoH, as well as in the Belfast Trust's annual report. Further, a non-executive director is tasked with responsibility for the oversight of the culture of raising concerns;

d. Regular reports as to the whistleblowing caseload are provided to Belfast Trust senior management and Audit Committee; and

e. An annual return is shared with the DoH setting out actions and outcomes.

226. Colleagues who have been closely involved in operation of the Belfast Trust's whistleblowing procedures for a significant period have shared their personal reflections as to some of the challenges in managing the process.

227. One complexity has been the management and understanding of the interconnection with other processes. Colleagues observed that in the majority of instances, after preliminary investigation to establish the nature of the concern, the concerns ought properly to have been raised under one or more of the Human Resources policies (such as grievance or disciplinary), rather than as a whistleblowing matter. In other instances, certain aspects of the case may have been assessed as meeting the whistleblowing criteria, but other aspects required management within HR or other processes.

228. A second complexity is the investigation of concerns raised by those who wish to remain anonymous, and who wish for their concern to remain confidential.

229. A further complexity has been the ability of the current structure to manage a rising caseload. From around 2020, there was an increase in the number of concerns being shared with the Belfast Trust Designated Officer for whistleblowing. Although in many cases the concerns were being managed at Directorate level and were shared for recording only, the increased caseload placed a significant pressure on one individual to manage the receipt, follow-up and secure recording of information. This included ensuring appropriate closure of the matter and the identification and sharing of learning. Currently, this is handled administratively through a manual spreadsheet and filing management system.

230. To address the pressure I have described, in April 2022, the Belfast Trust appointed a manager for whistleblowing. It also recognises the advantage of a bespoke electronic system for the recording and management of whistleblowing concerns. The introduction of the new system is a priority focus of the new manager and is expected to be operational in the course of 2023. The new manager has given presentations on whistleblowing within all Directorates and has developed an "e-learning" package which has recently gone live for all staff. She is also working with HR Operational Development colleagues to ensure the inclusion of whistleblowing within induction training for all staff and new manager training.

231. It is important to note that the DoH regional HSC Framework & Model Policy referred to above has recently been reviewed by a regional group chaired by the Northern Trust. Public consultation is complete and the draft revised framework ("*Raising a Concern in the Public Interest (Whistleblowing) HSC Framework and Model Policy*") awaits ministerial approval upon the restoration of the Northern Ireland Executive. A copy of the consultation draft (version 0.9) is provided at Tab 11 for ease of reference.

**Topic 10 – Overview of mechanisms for identifying and responding to concerns**

232. There are a number of mechanisms for identifying and responding to concerns, depending on the nature of the concern and by whom it is raised. Some mechanisms are addressed in more detail within other topics in this statement. In addressing this topic, I have been assisted by June Champion, Brona Shaw, and Barbara Millar (each of whom I have already addressed), staff from my own office and Gladys McKibbin (Human Resources, with a focus on the needs of the Medical Directorate). I have also been assisted in relation to the fitness to practise procedures within nursing by Roisin McMahon, the Interim Divisional Nurse, Intellectual Disability Services.

233. The main mechanism for service users (including patients, their families, carers and visitors) to raise concerns about care or treatment, or issues relating to the provision of health and social care, and for the Belfast Trust to respond, is the complaints process already addressed within Topic 9 above. That process also provides for complainants who remain dissatisfied to complain to the Northern Ireland Public Service Ombudsman.

234. Service users can raise a complaint verbally with the ward or department in which they are receiving care. Complaints awareness and investigation training are available to all staff as part of their induction to equip them to handle complaints professionally and appropriately. At ward level, complaints are escalated to the Nurse in Charge who will involve the Assistant Service Manager/ Divisional Nurse as appropriate. Local resolution at an early stage is always attempted and encouraged within the Belfast Trust. It is at the heart of the departmental complaints guidance. If local resolution is not possible, then the process set out in the complaints policy should be followed.

235. In addition, the Belfast Trust has established certain "*Patient Experience*" mechanisms to pro-actively obtain and respond to feedback which can be used to improve services.

236. In October 2017, the Belfast Trust formed part of the "*Patient Experience Network Collaborative*" alongside the Patient Experience Network, Annie Laverty (Director of Patient Experience from Northumbria Healthcare Trust) and 13 other UK-wide healthcare Trusts to pilot a new initiative. The pilot scheme involved the in-person gathering of anonymous patient feedback in real time (i.e. whilst the patient is still in hospital or a care setting) by a dedicated, independent team of surveyors (called "*Patient Experience Officers*"). That feedback is relayed back to ward areas and management teams within 24 hours, allowing concerns to be identified, addressed and escalated and action to be taken swiftly. The pilot scheme was run within the Division of Surgery and was considered to be a particularly effective feedback mechanism which put the patient at the centre of the process and promoted direct

and immediate problem solving and a focus on improvement and resolution at local level within service areas.

237. In September 2019, a Real Time Patient Feedback project was introduced more broadly within the Belfast Trust. Generally, one survey is undertaken per patient per clinical admission and feedback is gathered fortnightly. The survey comprises 25 questions supported by free text comments. A copy of the template is provided at Tab 12. The survey has been adapted to the needs of certain services and service users. Such adaptations have included collaborative work undertaken with the Intellectual Disability multidisciplinary team to develop an approach for gathering feedback in a way that is familiar to MAH patients with learning disabilities or communication needs, and which makes it easier for them to engage. This resulted in the launch of an adapted survey for MAH in June 2021, along with the associated use of "talking mats". Copies of each are provided behind Tab 12 of the exhibit bundle.

238. Surveys are currently undertaken in approximately 80 areas throughout the Belfast Trust. 6,741 inpatient surveys were completed during 2021-2022 and 5,934 as at 10 March 2023, with 6,300 projected to have been completed by the 2022/2023 year end. In addition to the real time reporting, there is monthly reporting at Trust, Divisional and Specialty level. By way of example, at Tab 12 is a recent Trust-level report and a recent Divisional report in relation to patient feedback from MAH Cranfield.

239. The Belfast Trust also implemented the NHS "*Safety Thermometers*", which are used to measure the level of "*harm free care*" patients are experiencing whilst receiving treatment (on a given two days in each month). *"Safety Thermometer"* audits are undertaken by the Patient Experience Officers. At Tab 12 is a copy of a recent "*Medication Safety Thermometer Report*" in relation to Ardmore/Killead ward at MAH.

240. With effect from 2020, the Belfast Trust also joined the "Care Opinion" online user feedback platform. This is an independent non-profit feedback tool for service users, families, carers and the public to share their experiences of health or care services, positive and negative. It is an important mechanism for feedback and care improvement. Each piece of feedback is reviewed by the appropriate Division (without revealing to the Belfast Trust the name of the person who provided the feedback) and a response is given on an individual basis. Where the feedback relates to professional, regulatory or safeguarding concerns, the Belfast Trust endeavour to seek direct contact with the individual to further understand their experience and to enable the Belfast Trust to respond appropriately. In most cases, the stories, responses and changes developed from the feedback are shared publicly on the "Care Opinion" website to ensure transparency and accountability.

241. The Belfast Trust has a designated Patient Client Experience Team (the "PCE Team") within Central Nursing. The PCE Team use information collected at a later stage (once the service user has had time to reflect on their experience), and information collected by auditors, to work with services to develop, and implement change in order to improve the patient experience. They are able to identify critical feedback, analyse trends and escalate issues appropriately. For example, "Care Opinion" feedback is categorised in order of criticality – scored from 0-5. Feedback scored 3 or under is escalated to service managers for response and for highlighting in internal governance and quality assurance meetings. Feedback scored 4 and above is immediately shared with managers and Divisional nurses and escalated to Co-Directors if responses are delayed. The strategies which form the basis of the PCE Team's work include:

a. November 2008 DHSSPS "*Improving the Patient & Client experience*";

b. November 2011 DHSSPS "*Quality 2020. A 10-year strategy to protect and improve quality in health and social care in Northern Ireland*"; and

c. June 2018 NHS Improvement "*Patient experience improvement framework*". Copies of each document are provided at Tab 12.

242. The PCE team also run campaigns to promote patient feedback amongst members of the public in order to ensure that relatives, carers and visitors are aware of methods for leaving feedback for the service in a fully anonymous way and at a time of their choice.

243. Beyond these "Patient Experience" mechanisms, concerns and issues are also identified and responded to through the investigation of adverse incidents and serious adverse incidents. These are addressed in more detail below.

244. Occasionally, service users and members of the public contact public representatives, such as their MLA, with a concern they wish to raise. The MLA will act as the conduit for the complainant. The Belfast Trust will work with the MLA but also seeks to encourage the MLA to encourage the complainant to work directly with the Belfast Trust.

245. As to staff, the Belfast Trust has always sought to encourage staff to openly raise any concern with their immediate line management in the first instance. Most matters should be capable of being resolved by this means. If the issue is something that a staff member feels is difficult and cannot be dealt with through the line management route, then they can speak to another senior member of staff – for example, in the case of nursing, the Divisional Nurse, a senior officer in the divisional team or a member of the Central Nursing team.

246. The mechanism for staff to raise concerns about suspected wrongdoing at work (which can include the likes of misconduct, malpractice or fraud) is the whistleblowing/Raising Concerns procedure addressed within Topic 9 above. As already described, that procedure also includes provision for certain concerns to be raised internally other than with line management or with an outside body

including the Department of Health, a professional regulatory body, the RQIA and the Health and Safety Executive.

247. Other mechanisms for raising concerns exist in the case of professional staff working for an HSC Trust. I do not seek to itemise all of these in respect of each profession, however, by way of illustration, within nursing:

a. The nursing regulator, the NMC, maintains clear guidance for nurses and midwives on raising concerns including the processes to be followed and sources of support available. Such guidance is intended to supplement and support employer policies, as registrant nurses and midwives have a professional duty to put first the interests of the people in their care and to act to protect them if they consider that they may be at risk. General guidance on the obligation to report concerns is contained in the NMC Code (see, by way of example, the iterations of the NMC Code from 2008, 2015, and 2018 behind Tab 12). Specific guidance on reporting concerns is also found in the NMC guidance "*Raising concerns. Guidance for nurses, midwives and nursing associates*" (see the iterations from 2013, 2015 and 2019. Where available, copies are provided behind Tab 12 alongside a 2010 NMC workplace "toolkit" and a previous NMC training presentation shared throughout the Belfast Trust);

b. The nursing professional body, the Royal College of Nursing (the "RCN") has also issued specific guidance "*Raising and Escalating Concerns*". A copy of the 2020 guidance is provided at Tab 12; and

c. In April 2019, the Northern Ireland Practice and Education Council for Nursing and Midwifery ("NIPEC") issued its report "*Developing Processes and Positive Cultures to Support Nurses and Midwives to Raise Concerns in HSC Trusts*". A copy of the report is provided at Tab 12. This led to the development of standardised job description statements for Agenda for Change ("AfC") 8A Lead Nurses and Lead Midwives to focus on

professional governance, regulatory, safety and quality requirements of the role. This was intended to provide clarity as to the professional responsibility and accountability inherent to each role and to support registrants to effectively raise concerns pursuant to the NMC Code and the specific guidance issued.

248. Similarly, the medical regulator, the General Medical Council, the GMC, has in place, in addition to guidance on fitness to practice, guidance for medical staff in respect of their professional obligations to raise and act on concerns about patient safety. These include (and are provided behind Tab 12) the:

a. General obligations set out in the various iterations of "*Good Medical Practice*" (see, by way of example, the March 2013 and November 2020 editions); and

b. The obligations set out in the specific January 2012 GMC "*Raising and acting on concerns about patient safety*" guidance, as well as associated case study materials.

249. The Northern Ireland Medical & Dental Training Agency ("NIMDTA") also has developed raising concerns/whistleblowing policies which apply to all of its staff, including permanent, temporary and educator staff, staff in training working within NIMDTA, independent contractors engaged to provide services, volunteers and agency staff who have concerns. Copies of the 2009, 2012, 2014, 2015 and 2018 versions are provided at Tab 12.

250. Other categories of staff concern, such as those which relate solely to conduct and behaviour in the workplace or an individual staff members' position or treatment as an employee, can be raised through one of the HR procedures already referred to in Topic 9 above, including the grievance procedure.

251. Concerns as to a staff member's performance may also be addressed through other Belfast Trust HR procedures including:

a. Issue-specific procedures, such as those in the Belfast Trust's "*Management of Attendance Protocol*" (TP 057/10);

b. The Belfast Trust "*Capability Procedure*" (TP 056/08). This procedure enables a range of concerns as to a staff member's capability or performance to be addressed informally in the first instance, and formally if the matter is not resolved. Copies of the August 2008 and August 2015 iteration are provided at Tab 12. Please note that the latter document is currently undergoing regional consultation. There is also guidance as to the application of the capability procedures in the case of specific professions, for example, the May 2011 Belfast Trust "*Guidance to Support Nursing and Midwifery Staff to Manage Performance within BHSCT Capability Procedure*" provided at Tab 12. This guidance is also currently under review; and

c. The Belfast Trust "*Disciplinary Procedure*" (TP 052/08). Copies of the September 2007 and August 2015 policies which have applied during the relevant timeframe are provided at Tab 12.

252. Where concerns about a staff member's performance relate to, for example, negligence, poor performance, poor care delivery, wilful acts of misconduct or safeguarding concerns, this can lead to employer led action being taken against the employee. This can include, in an appropriate case, the member of staff being suspended from work on a precautionary basis pending an employment related investigation into their conduct, or some other form of precautionary step such as the individual being placed on a form of supervision and training.

253. In the case of the medical profession, the Belfast Trust must deal with any concern raised about a medical member of staff in accordance with the November

2005 DHSSPS "*Maintaining High Professional Standards in the Modern HPSS; A framework for the handling of concerns about doctors and dentists in the HPSS*". A copy is included behind Tab 12 in the exhibit bundle.

254. Concerns may also give rise to further referrals and investigations under one or more of the safeguarding provisions addressed in Topic 4 above or through referral to the Disclosure and Barring System ("DBS") or the Police Service of Northern Ireland.

255. Concerns as to the conduct or capability of a registered health professional can also be addressed through the "fitness to practise" regime operated by the regulator of that profession. The various regulators can investigate concerns received and determine whether an individual's fitness to practise is impaired. Ultimately, they can impose suspensions and restrictions on an individual's professional activities and, in the most serious cases, order that the individual be struck off the relevant register. The focus of fitness to practise procedures is the protection of the public and managing risks to patient safety by ensuring that individuals meet the standards required by the regulator for safe and effective practise. The regulatory mechanisms are not concerned with punishing past mistakes or providing redress for past incidents.

256. Most regulators can consider concerns received from a range of sources, including service users, members of the public, the police, other registrants, and an individual's employer. Such concerns may in turn arise from a number of sources, such as complaints, incident reports, the broader raising concerns (whistleblowing) procedures, staff appraisal, audit, morbidity and mortality reviews and patient feedback.

257. By way of illustration in the case of nursing, the NMC has issued guidance for employers dealing with fitness to practise concerns. A copy of the 2012 NMC "*Advice and information for employers of nurses and midwives*" is provided at Tab 12. Within the Belfast Trust, Central Nursing is responsible for managing fitness to

practise and other professional concerns relating to nurses. Internal fitness to practise referrals are made by the appropriate Divisional Nurse to Central Nursing. A copy of the template referral form is provided at Tab 12**.**

258. Once a referral is made, the Divisional Nurse and Central Nursing determine whether the concern should be addressed through a structured support and learning programme for the individual, or warrants further investigation through the Capability or Disciplinary procedures, and whether the matter requires to be referred to the NMC.

259. Each month, Central Nursing meets with each Divisional Nurse and a representative from Human Resources to discuss any nurse or midwife subject to fitness to practice processes. Further meetings are held every two months between the Divisional Nurse and the Executive Director of Nursing. These are known as "*Assurances of Fitness to Practice*" meetings (formerly "*Nurses in Difficulty*" meetings). Their purpose is to monitor the progress of individual cases of concern, to ensure that all practitioners are safe and practising in line with the NMC Code and to consider potential referrals to the NMC.

260. Between 2010 and 2022, the Belfast Trust was also subject to the DHSSPS "*Scheme for the Issue of Alert Notices for Health and Social Care Professionals in Northern Ireland*". A copy is provided at Tab 12. The scheme was designed to ensure that HSC bodies and professional organisations were made aware of registered healthcare professionals whose performance or conduct gave rise to concern that patients, staff or the public may, in future, be at risk of harm either from inadequate or unsafe clinical practice or from inappropriate personal behaviour. The scheme was revoked in 2022.

**Topic 11 – Risk Assessments and planning regarding changes of policy**

261. The MAH Inquiry has asked the Belfast Trust to address matters of policy and procedure in relation to both "*risk assessments*" and "*planning regarding changes of*

*policy*". In order for the Belfast Trust to address these specific matters, it is necessary briefly to explain the broader risk management context and the Belfast Trust framework within which both the identification, assessment and reporting of risk, and then the evaluation, monitoring and audit of policies are undertaken. I will then endeavour to address the policy and procedural landscape around each area.

262. In addressing these matters, I have again drawn on the experience of June Champion. As the former Co-Director for Risk and Governance at the formation of the Belfast Trust, Ms Champion oversaw the development of some of the core Belfast Trust documents in this area, which I identify below. In addressing "*planning regarding changes of policy*", I have also drawn on the assistance of Claire Cairns and other members of the Risk & Governance Team to whom I have already referred. In relation to the co-production mechanisms which I address within that section below, I have been assisted by Jillian McPeak, Community Development Team Member.

263. This section should also be read alongside, and in the context of, the Belfast Trust's Integrated Governance and Assurance Framework and the broader matters addressed in the Belfast Trust's response to Module 2(f).

*Risk Management and development of the Belfast Trust Risk Management Strategy*

264. The Belfast Trust was created in 2006. It became operational in April 2007. It involved the merging of several legacy Trusts. Each legacy Trust was different, and operated differently. Consequently, it was necessary to develop a new, streamlined, risk management strategy, but for what was now a significantly larger health and social care organisation, involved in the management of significant levels of risk.

265. The concept and importance of risk management was formally introduced for government and public sector bodies by the 2004 publication of Her Majesty's Government "*The Orange Book Management of Risk - Principles and Concepts*" (the successor to the 2001 Her Majesty's Treasury publication entitled "*Management of Risk – A Strategic Overview"*). A copy of the 2004 publication, and the 2020 version which supersedes it, are provided at Tab 13 of the exhibit bundle. The Orange Book introduced the broad principles underlying effective risk management in government departments and other public bodies in order to assist in the design, implementation and ongoing operation and improvement of risk management processes within such organisations.

266. Accordingly, from in or around 2004, the legacy Trusts were required to have risk management strategies and systems. A copy of the North and West Belfast Health and Social Services Trust 2003 "*Risk Management Strategy*" is provided at Tab 13. Unfortunately, at this remove, I do not have detailed information as to the nature and extent of risk management development within each Trust, but I can say that this was a developing area in which new guidance was frequently produced in the early years. In this regard, I refer to:

a. 1993 NHS Executive, Department of Health (England) "*Risk management in the NHS*" (EL(93)111) This was one of the early manuals on risk management produced as many NHS and HSC Trusts were being formed and served as a manual to those engaged in risk management in Northern Ireland at that time. As this is a sizeable publication, a copy of the introductory pages and list of contents is provided at Tab 13;

b. 2001 DHSSPS "*Best Practice – Best Care – A framework for setting standards, delivering services and improving monitoring and regulation in the HPSS*". Copies of this document, and the following regional documents, are no longer publicly available, but the MAH Inquiry may be able to obtain them from the Department of Health;

c. Circular 8/2002 Risk Management in the HPSS;

d. Circular HSS (PPM) 10/2002 Clinical and Social Care Governance;

e. Circular 13/2002 Governance in the HPSS - Risk Management;

f. Circular HSS (PPM) 5/2003 Risk Management & Controls Assurance;

g. Circular HSS (PPM) 8/2004 Controls Assurance standards;

h. Circular HSS (PPM) 4/2005 – AS/NZS 4360: 2004 – Risk Management; and

i. March 2006 DHSSPS Quality Standards for Health and Social Care- Supporting Good Governance and Best Practice in the HPSS (referred to in Topic 1 above).

267. The development of the single risk management strategy within the new Belfast Trust drew primarily on the components and direction of the Controls Assurance Standards on Risk Management. Alongside those on Financial Management and Governance, this was one of the "core" mandatory Controls Assurance Standards ("CAS") introduced by the DHSSPS for HSC organisations in or around 2003/2004.

268. The requirements of the CAS on Risk Management for the development and implementation of a comprehensive and independently assured risk management system were based on the prevailing Australia/New Zealand Risk Management Standard (AS/NZS 4360:1999, superseded by AS/NZS 4360:2004). The DHSSPS purchased a licence for the AS/NZS Standard which was issued annually to the Belfast Trust until its replacement by International Organization for Standardization ISO 31000:2009, which then became the standard upon which risk

management strategies were based until its revision in 2018 in the form of BSO IS0 31000: 2018. The benefit of the CAS was to bring together all of the prevailing statutory obligations, Departmental guidance and professional requirements in the area. Copies of the historic CAS Standards are no longer publicly available. However, at Tab 13 is a copy of the 2009 CAS Risk Management Standard (as updated in 2016).

269. As part of the CAS process (which was ultimately replaced with effect from April 2018), all HSC Trusts were required to undertake an annual self-assessment of their compliance with the Risk Management Standard (as for the other core standards of Finance Management and Governance). This was then reviewed by Belfast Trust Internal Audit, who provided an Internal Audit Report as to compliance. The self-assessments were reported annually to the DoH, with compliance scores for all Trusts published on the DoH website.

270. The first Belfast Trust risk management strategy was the "*Risk Management Strategy 2008-2011*". It was developed to build on the progress and learning of the legacy Trusts and to set out the new Belfast Trust's approach to risk management for the subsequent three years. It also provided for the implementation of the strategy to be reviewed annually. A copy is provided at Tab 13 of the exhibit bundle. The 2008 Risk Management Strategy was initially underpinned by an "*Action Plan*" to assist with the development of the structures and processes necessary to operationalise the Risk Management Strategy. A copy of the Action Plan is appended to the first version at Appendix 2. The actions it identifies were gradually completed. The subsequent iterations of the Risk Management Strategy, and which are provided behind Tab 13, are:

a. "*Risk Management Strategy 2012-2015*";

b. "*Risk Management Strategy 2013-2016*";

c. "*Risk Management Strategy 2016-2019*";

d. "*Risk Management Strategy 2017-2020*"; and

e. "*Risk Management Strategy 2020-2021*". As stated on its cover, this version remains operative on an interim basis pending completion of the latest review.

271. In broad summary terms only, the Risk Management Strategy contains (at the start of each version) the Belfast Trust's "*Policy Statement*" on risk management and explains its approach to acceptable risk. The same "*Policy Statement*" is also appended to other central Belfast Trust documents such as the Belfast Trust Integrated Governance and Assurance Framework. The "Policy Statement" explained that:

a. The Belfast Trust's commitment to providing and safeguarding the highest standards of care of patients and service users, as well as protecting its staff, the public, other stakeholders and the organisation's assets and reputation from the risks arising through its undertakings, was to be supported and achieved through "*a robust assurance framework and a risk management strategy, integrated with performance management and focused on the organisation's objectives*";

b. The Belfast Trust will provide "*a safe environment that encourages learning and development through "an open and just culture*"; and

c. The Belfast Trust acknowledges that "*it is impossible to eliminate all risks and that systems of control should not be so rigid that they stifle innovation and imaginative use of limited resources… There is a need to balance potentially high financial costs of risk elimination against the severity and likelihood of potential harm. The Belfast Trust will balance the acceptability of any risk against the potential advantages of new and innovative methods of service*".

272. The detail of the Risk Management Strategy itself is not repeated here. However, it identifies (at section 3) a number of key objectives in relation to risk and (at section 4) the roles and responsibilities of staff and other key stakeholders (including Directors and Directorate Senior Managers) in achieving those objectives. The Risk Management Strategy adopts (at section 6) standard definitions as to risk. To assist the MAH Inquiry in the context of the request for evidence sought, in the latest version of the Risk Management Strategy:

a. "*Risk*" is defined as the "*effect of uncertainty on objectives*" (measured in terms of consequence and likelihood);

b. "*Risk management*" is defined as "*the process of identifying potential variations from what we plan and managing these to maximise opportunity, improve decisions and outcomes and minimise loss. It is a logical and systematic approach to improve effectiveness and efficiency of performance… an integral part of everyday work*"; and

c. "*Risk assessment*" is defined as "*the process used to determine risk management priorities by evaluating and comparing the level of risk against predetermined acceptable levels of risk*."

273. The Risk Management Strategy (at section 7) delineates the following core elements of successful risk management which any Belfast Trust framework must address:

a. Identification, assessment and reporting of risk;

b. Learning lessons from incidents and risk management processes to ensure continuous improvement;

c. Communication with staff, service users and the public;

d. Education and training for risk management and related issues for staff, service users and public;

e. Partnership working with staff, service users and public to ensure continuous improvement; and

f. Evaluation, monitoring and audit of policies, procedures and systems.

274. Accordingly, the Risk Management Strategy is the framework for risk management within which specific policy, procedure and guidance concerning risk assessment and, in turn, review and changes of policy, were developed.

*Risk assessments and risk registers*

275. As to risk assessment, risks should be evaluated (i.e. measured) in a consistent manner. The Belfast Trust has adopted a standard methodology for identifying and evaluating risks to be applied, where appropriate, in Directorates and in Trust-wide assessments of risk. This has varied over time and the operative risk management system or risk matrix in respect of any particular period is provided at Appendix 1 of the relevant Risk Management Strategy for the particular period. However, at all times, there has been a regionally agreed risk evaluation matrix in line with:

a. DoH guidance including April 2006 guidance entitled "*How to classify incidents and risk*"; and

b. The principles, framework and processes for Risk Management in the prevailing international standard- i.e. the AS/NZ 4360:2004 and ISO Standards referred to above.

276. Further, notwithstanding changes in its presentation, the key measures which the methodology incorporates have remained constant. They are:

a. Consequence descriptors that cover different domains/areas of risk;

b. Likelihood descriptors for frequency and probability;

c. A matrix to identify the risk evaluation score that uses consequence and likelihood scales; and

d. Management authority for each level of risk (extreme, high, medium, low).

277. Risk identification, assessment and reporting within the Belfast Trust involves a number of interrelated structures and processes which I address in turn, including:

a. Assessment of risk appetite;

b. The Board Assurance Framework; and

c. The maintenance of risk registers.

278. First, "*risk appetite*" is a more recent feature of risk assessment within the Belfast Trust. It was not articulated in the first (2008-2011) version of the Risk Management Strategy, but rose to prominence as a concept around 2009 following the Internal Audit CAS review. As defined in section 7.1.1 of the current (2020-2021) Risk Management Strategy, "*risk appetite*" is the amount and type of risk that the Belfast Trust is prepared to seek, accept or tolerate, recognising that no system for the provision of health and social care services can be risk free. A more precise

definition is not possible, since the 'risk appetite' will vary depending on the particular risk, and each risk must be assessed individually.

279. The Board of the Belfast Trust must make a considered choice about its risk appetite in relation to not meeting its strategic objectives, taking account of its legal obligations, business objectives, and public expectations. In this context, the Risk Management Strategy identifies (at section 7.1.1) the following broad principles:

a. "*Appetite for risks relating to patient safety and employee health and safety is very low, with controls required to reduce the risks so far as is reasonably practicable*";

b. "*Appetite for risks relating to regulatory compliance, fraud, and information governance is also low, requiring appropriate risk controls*"; and

c. "*Appetite for risks to non-critical functions and services is higher, whilst taking into account any potential impact on any strategic/business objectives*".

280. More broadly, the analysis and assessment of each risk should also be based on a common set of metrics. As shown by the training presentation provided to the Trust Board on this topic (a copy of which is at Tab 13), in this regard the Belfast Trust has drawn upon the following guidance in particular:

a. November 2006 Her Majesty's Treasury "*Thinking About Your Risk: Managing Your Risk Appetite, A Practitioner's Guide*";

b. Service-specific regional guidance such as September 2009 DHSSPS "*Guidance on Risk Assessment and Management in mental health and learning disability services*", superseded by May 2010 DHSSPS "*Promoting Quality Care: Good Practice Guidance on the Assessment and Management of Risk in Mental Health and Learning Disability*"; and

c. May 2020 Good Governance Institute ("GGI") "*Board Guidance on Risk Appetite*", which includes a Risk Appetite Maturity Matrix developed for NHS organisations to support better risk sensitivity in decision-making. This sets five levels of risk appetite for the "*risk vectors*" it identifies (the "*risk vectors*" are money, policy, outcomes and reputation). Copies of each of the above are provided at Tab 13.

281. As a means of documenting the risk profile and treatment plans for controlling and minimising risk, the operation of risk registers at different levels of the organisation enables the identification of risk within the Belfast Trust in a proactive, as well as a reactive, way. Risk registers operate alongside the other means of identifying risk, including through the review and analysis of adverse incidents, complaints and claims and the completion of the Belfast Risk Assessment & Audit Tool ("BRAAT") (originally devised in the legacy Royal Group of Hospitals and Dental Hospital Health and Social Services Trust as a Systematic Tool for the Assessment and Audit of Risk and further developed for the Belfast Trust post 2007).

282. The Board Assurance Framework Risk Document (the "BAF Risk Document") is the highest level of risk register provided for by the Belfast Trust's Risk Management Strategy. It is intended to serve as a comprehensive high-level summary of the strategic risks to the achievement of key objectives and to allow the Board of the Belfast Trust to concentrate on a limited number of top-level risks without restricting its freedom to monitor the full range of risks to strategic objectives. The focus of the BAF Risk Document is on evidence of controls – i.e. evidence which either gives confidence that risk is being effectively managed or highlights that certain controls are inadequate, identifies gaps which exist and considers actions in place to address the gaps.

283. It is important to identify an important change in terminology. Prior to 2020, the overarching strategic risk register was known as the "*Principal Risk Document*"

or "*Principal Risk Register*" and was so referred to within the earlier versions of what is now the Belfast Trust's Integrated Governance and Assurance Framework. The "*Principal Risk Register*" was a separate document underpinning the Integrated Governance and Assurance Framework and was reviewed on a quarterly basis by the Assurance Committee of Trust Board. The earlier versions of the Integrated Governance and Assurance Framework were labelled the "*Board Assurance Framework*" (not to be confused with what is now the BAF Risk Document referred to above). The shift in terminology followed a change in regional guidance which required HSC Trusts to maintain (in name and in nature) a BAF Risk Document. By way of background:

a. In March 2003, the Department of Health England published guidance entitled "*Building the Assurance Framework: A Practical Guide for NHS Boards*". A copy of this document is provided at Tab 13;

b. In January 2006, the DHSSPS published guidance entitled "*Establishing an Assurance Framework: A Practical Guide for management boards of HPSS organisations*". As this is a sizeable publication, a copy of the introductory pages and list of contents is provided at Tab 13; and

c. In March 2009, that guidance was updated to support the mandatory adoption of an Assurance Framework by the relevant Board of each Arm's Length Body with effect from 1 April 2009: see DHSSPS "*An Assurance Framework: a Practical Guide for Boards of DHSSPS Arm's Length Bodies*".

284. The BAF Risk Document is underpinned by Corporate, Directorate and Service Area risk registers. The Belfast Trust's Risk Management Strategy provides for these further risk registers in order to monitor and review risks at each level.

285. There is necessarily crossover between the various risk registers. For example, Directorates must maintain a risk register of all identified risks specific to their

own activities and circumstances, to be monitored and reviewed at regular intervals (at least 3-4 times per year). The Directorate risk register (maintained on the Datix platform) may comprise both operational and corporate risks. Where those risks affect service delivery and therefore strategic objectives as well as immediate operational objectives, they will also be reflected in the Trust Board BAF Risk Document. The Corporate risk register is an amalgamation (again, on Datix) of all corporate risks from Directorate risk registers across the Belfast Trust. The Corporate risk register is used to review and support the BAF Risk Document but does not contain all of the gaps and controls unique to the BAF Risk Document. Accordingly, it is important for individuals involved to identify the relevance and significance of risks to particular objectives.

286. Specific risk register guidance supports the Risk Management Strategy in order to govern the production and management of the risk registers. The risk register guidance is intended to support staff in understanding the various sources for risk identification, provide clarification on how to apply the risk evaluation system to identified risks, provide clarification as to the appropriate monitoring and review of risk registers at all levels, provide clarification for the management of escalation, de-escalation and acceptance of risk and assist staff in allocating risks to the relevant corporate objective. The various iterations of the risk register guidance are as follows, with copies provided behind Tab 13 of the exhibit bundle:

a. June 2014 "*Risk Register Production and Management Guidance*" (TP 91/14) (version 1);

b. August 2016 "*Risk Register Production and Management Guidance*" (TP 91/14) (version 2); and

c. February 2020 "*Risk Register Production and Management Guidance*" (TP 91/14) (version 3).

287. The interaction of the different risk registers can best be understood from the extracts of the guidance concerning the ongoing review and escalation and de-escalation of individual risks. In broad summary:

a. The Belfast Trust Policy Committee. This Committee was formed in 2007/2008, when there was a significant volume of work to be undertaken in standardising and merging the various legacy Trust policies. It was responsible for ensuring a systematic and planned approach to the adoption of new, existing and revised Non-Clinical Trust Wide policies and for ensuring best practice in policy development. Its responsibilities included ensuring compliance with procedures in relation to the revision of policies and ensuring version control of revised policies. The Policy Committee reported to the Trust Board Assurance Committee and the Executive Team of the Belfast Trust. Copies of the available Terms of Reference for the Policy Committee (dated 2008, 2009, 2010, 2020 and 2021) are provided at Tab 13, and

b. A corporate risk can also be of any consequence grade but is only included on the corporate register once approved by a Director as meeting the specific criteria set out in the Guidance. Where actions have been implemented and controls improved, it is expected that risks will be amended and re-scored to a lower grade. The Director may approve de-escalation of a risk from corporate to operational. This should be managed via Directorate processes and notified at Risk Register Review Group.

288. In practice, Directorate risk registers are presented at governance meetings. For the avoidance of doubt, from a risk management and line management perspective, there is no sanction, detriment or other penalising consequence or deterrent in relation to the evaluative judgment to be exercised in measuring an individual risk. Individuals may legitimately disagree and differ in the exercise of that judgment and, consequently, as to satisfaction of the threshold for escalation.

In the case of doubt, better practice is to escalate to enable a view to be taken at a higher level.

*Planning regarding changes of policy*

289. The Belfast Trust has established certain structures and processes for the development, approval, implementation and review of policies. These ensure compliance with various statutory and corporate governance obligations.

290. As to structures, the development and ongoing review and planning in relation to policies and procedures has been overseen and supported by two committees:

a. The Belfast Trust Policy Committee. This Committee was formed in 2007/2008, when there was a significant volume of work to be undertaken in standardising and merging the various legacy Trust policies. It was responsible for ensuring a systematic and planned approach to the adoption of new, existing and revised Non-Clinical Trust Wide policies and for ensuring best practice in policy development. Its responsibilities included ensuring compliance with procedures in relation to the revision of policies and ensuring version control of revised policies. The Policy Committee reported to the Trust Board Assurance Committee and the Executive Team of the Belfast Trust. Copies of the available Terms of Reference for the Policy Committee (dated 2008, 2009, 2010, 2020 and 2021) are provided at Tab 13 and

b. The Standards and Guidelines ("S&G") Committee. This Committee was responsible for the review and approval of all new and revised Clinical Trust Wide policies, for noting all Directorate Specific policies and for the dissemination, progression and implementation of external clinical guidance (such as Safety & Quality Alerts and NICE Guidance). It was also responsible for advising on a programme of work for the Audit Department

to review internal guidelines and work to ensure that audits to support the implementation of guidelines are prioritised in the relevant service areas. Copies of the available Terms of Reference for the S&G Committee (dated 2010, 2013, 2017, 2020, 2021 and 2022) are provided at Tab 13.

291. Following the review of the Belfast Trust's Board Assurance Framework and the creation of the new Integrated Governance and Assurance Framework in 2022, the two committees have recently been merged into one committee entitled "*The Policy & External Guidance (PEG) Assurance Committee*". The new committee is still in development and its Terms of Reference has not yet been finalised. However, it is jointly chaired by the Deputy Medical Director, Co-Director Risk & Governance and Deputy Director of Nursing and User Experience. It also has a representative from each Directorate of the Belfast Trust. The new committee reports to the Clinical and Social Care Governance Steering Group. It is intended to:

a. Oversee the review, dissemination, implementation and monitoring of all (Clinical, Non-Clinical, Specialist and Directorate-specific) Belfast Trust policies, care pathways, interventional procedures and external guidance; and

b. To provide assurance that all policies, interventional procedures and care pathways are up to date and that all expired iterations are highlighted for review within the relevant Directorate.

292. The process of policy development, monitoring and review within the Belfast Trust has been governed by:

a. December 2007 "*How to write and manage a policy or guideline*" (SG 24/12) (version 2);

b. December 2007 "*Writing and approval of trust documents*" (SG 24/12) (version 3);

c. December 2007 "*Writing and approval of trust documents*" (SG 24/12) (version 4);

d. December 2007 "*Writing and approval of trust documents*" (SG 24/12) (version 5);

e. January 2015 "*Writing and approval of trust documents*" (SG 24/12) (version 6);

f. January 2015 "*Writing and approval of trust documents*" (SG 24/12) (version 7); and

g. August 2020 "*Policy Development and Approval Process*" (TP 84/12) (version 8.2). Copies of each iteration are provided at Tab 13.

293. The MAH Inquiry has specifically asked the Belfast Trust to address those policies and procedures concerning "*planning regarding changes of policy*". I therefore focus on those aspects of the above structures concerning the monitoring and review of existing policies. However, where a "*change in policy*" concerns the development of an entirely new policy, rather than updates or other revisions to an existing policy, the implementation of such a change will be governed by those aspects which address the development, approval, referencing and implementation of new policies. Further practical guidance as to the structure and form of a new or revised policy is available to Belfast Trust staff on the Belfast Trust Policies and Guidelines Intranet page, including the latest version of the Belfast Trust Policy Template and the Belfast Trust's written style guide.

294. As described by the "*Policy Development and Approval Process*", there is a pro-active aspect to planning in relation to any necessary or desirable changes to existing Belfast Trust policies. All approved policies include, on their cover page, a fixed "*review date*" (i.e. a month and year) by which they will be reviewed. The relevant interval is set by the author: the most common timeframe is for a review in 3 years' time but there may also be instances where a shorter period is appropriate (such as where new legislation or national/regional guidance is known to be in train in a specific area). The "*Policy Development and Approval Process*" states that the S&G Department will give a five year period for review from the month of the Executive Team meeting at which the policy was noted.

295. Policy authors are also required to provide detail as to how the effectiveness of the policy will be monitored and to provide details of key performance indicators which are relevant to its successful implementation. The policy should also state which Committee within the Integrated Governance and Assurance Framework structure will oversee implementation of the policy and monitor the assurance provided. Some examples of assurance are listed at section 6.0 of the latest version. This aspect is addressed further below.

296. Three months prior to the stated review date, the Standards & Guidelines Department remind the stated policy author(s) or other relevant Directorate representative that the policy is due for review. There is then a one-month deadline for an advisory response which could be: (a) that no changes are required to the policy; (b) that the policy is to be updated; or (c) that the policy is now obsolete and can be archived. The process further provides for the Standards & Guidelines Department to provide the S&G Committee and the Trust Policy Committee with quarterly reports of policies that are out of date as part of their escalation process.

297. It is important to emphasise also that the process for the review of policies (as with the process for the development of new policies) may involve consultation with those affected or likely to be affected by a policy or any changes thereto. Consultation may be internal (i.e. within Directorates and Divisions and with

Trade Unions) or external (i.e. with affected representative groups or other public authorities). This is addressed at section 5.7 of the 2020 "*Policy Development and Approval Process*" and is generally required in the case of significant change to an existing policy. In practice, the addition of these (undoubtedly important) layers can mean significant delays to the review and approval process, in particular because interested parties often wish to take legal advice. The Equality Screening process described at section 5.8 can also take some time.

298. A more reactive aspect of policy review might include where, during the lifespan of the policy, change is required in response to new national or regional guidance or learning through the investigation of an adverse incident/SAI. In this event, the lead Director within the area to which the guidance or recommendation relates will identify the most appropriate individual to lead on policy development if there is not already a policy author in the area. The process set out within the policy document described above is then followed. Ultimately, Directors are accountable for the policies within their specific area of professional corporate or functional area of responsibility.

299. A more recent development has been the concept of "co-production". The Belfast Trust has developed a strategy entitled "*Involving You - from 'Them and Us' to 'We'. Connecting Personal and Public Involvement, Co-production and Patient Experience in Belfast Health and Social Care Trust 2021-2024*". This strategy was issued in May 2021. A copy is provided behind Tab 13 of the exhibit bundle. As the title suggests, there is some overlap between this area and the "*Patient Experience*" mechanisms which I have already addressed. This strategy outlines the Belfast Trust's vision in relation to co-production and the meaningful involvement of service users and carers in setting direction and improving its services.

300. In simple terms, "co-production", in the health and social care setting, means partnership and working together between a range of stakeholders (including service users, staff, local communities and multi-agency representatives) to influence and achieve positive and agreed change in the design, delivery and

experience of services. It therefore involves a range of individuals, in a range of different ways and at a range of different stages within the process of service design and delivery. Accordingly, these individuals are involved in the development of Belfast Trust policies. For example, the Strategy itself involves services users, carers and staff, through methods including a workshop, a working group which included service users and carers, and consultation with service users, carers and community and voluntary sector groups.

301. The Health and Social Care Act (Northern Ireland) 2009 imposed a statutory obligation on all HSC organisations to involve service users, carers and the public in relation to their health and social care. This process of involving people in the planning, commissioning, delivery and evaluation of the services they receive is known at a regional level as "*Personal and Public Involvement*" (or "PPI"). In this regard, I refer to the following regional guidance, copies of which are provided behind Tab 13 of the exhibit bundle:

a. September 2007 DHSSPS Circular HSC (SQSD) 29/07 "*Guidance on Strengthening Personal and Public Involvement in Health and Social Care*". This guidance was intended to support HSC organisations improve the quality and effectiveness of user and public involvement;

b. September 2012 DHSSPS Circular HSC (SQSD) 03/12 "*Guidance for HSC Organisations on Arrangements for Implementing Effective Personal and Public Involvement Policy in the HSC*". This guidance was issued in light of the Health and Social Care Act 2009;

c. 2015 DoH "*Co-production Guide. Connecting and Realising Value Through People*". This guidance is referred within the May 2021 Belfast Trust Strategy; and

d. 2015 PHA "*Setting the Standards. Personal and Public Involvement. Involving you, improving care*".

**Topic 12 – Procedures to provide assurance regarding adherence to policies**

302. In addressing this topic, I have again drawn on the experience of June Champion and Claire Cairns, to whose experience I have already referred.

303. There is some overlap between the Belfast Trust procedures to provide assurance regarding adherence to policies and the matters already addressed in Topic 11 in relation to procedures for the review of (and changes to) policies: provision for assurance within a given policy forms part of the Belfast Trust process for its monitoring and review, whilst planning for policy change can be the result of effective assurance. For example, as indicated above, the Belfast Trust policy guidance encourages policy authors to include within their policy, where possible, standards and measurables (for example, timeframes and targets for specific steps). This ensures that the policy can be more effectively audited. It was not a function of the Policy Committee or S&G Committee to provide monitoring or oversight of adherence to policies generally.

304. A range of functions and processes, both within and outside of the Belfast Trust, provide assurance in relation to adherence to policies.

305. One source of assurance is the investigation, monitoring, review and analysis of incidents/Serious Adverse Incidents, complaints, claims, inquests and patient/service user feedback through the various "*Patient Experience*" mechanisms. These aspects are addressed in more detail elsewhere in this statement. They are central processes in highlighting issues of non-compliance with policies, procedures and clinical standards and guidelines. They potentially lead, depending on the circumstances, to a review and changes to an existing policy, or the development and introduction of a new one.

306. Other important sources of assurance include the staffing structure and HR processes. Directors and managers are responsible for ensuring compliance with

Belfast Trust policies and that operational staff within their areas of responsibility adhere to policies applicable to their roles and responsibilities They should also identify and address any issues of non-compliance at the earliest opportunity. Changes to Belfast Trust policies are notified to staff in circulars and the new policies are published on the Intranet site.

307. Ultimately, HR investigations and procedures, including grievance and disciplinary procedures, are an information source as to compliance with policy.

308. A related aspect is staff training, which in many areas includes training as to the procedures set out in Belfast Trust policies. One example already addressed above is the restrictive interventions policy framework and training provision. This aspect is addressed further in the Belfast Trust's Module 4 response.

309. In the clinical context, morbidity and mortality reviews are a long-standing quality assurance mechanism. These involve the systematic recording, review, monitoring and analysis of patient deaths and provide data to inform to compliance with clinical standards, often indicating areas for further investigation. At Tab 14 I have provided copies of:

a. April 2012 Belfast Trust "*Mortality and Morbidity policy - learning through recording, reviewing, monitoring & analysing deaths*" (SG 17/12) (version 1); and

b. July 2017 Belfast Trust "*Guidance for the Regional Mortality and Morbidity (M&M) process: recording, reviewing, monitoring and analysing hospital deaths at Specialty Mortality Review and Patient Safety meetings (SMR&PSm)*" (SG 17/12) (version 2). This remains the latest version.

310. The Quality Management System is a more recent system of assurance to be developed and introduced across the Belfast Trust. This is addressed in more detail in the Belfast Trust's Module 2 response. It involves the measuring and reporting

of progress against six key metrics or "q*uality parameters*": safety; experience; effectiveness; efficiency; timeliness; and equity.

311. More broadly, the Belfast Trust's Integrated Governance and Assurance Framework adopts the "*three lines of assurance*" model. This document and the preceding Assurance Frameworks are addressed as part of the Belfast Trust's Module 2 response. However, for this purpose:

a. First line assurance is provided by those who are responsible for service delivery (such as line management);

b. Second line assurance is provided by more senior management with a level of internal independence from immediate line management and service delivery (such as at divisional level); and

c. Third line assurance is provided through independent review. This can be provided by Internal Audit, but also sources of external independent review such as inspections by the RQIA, external audit by a professional or regulatory body such as the Royal Colleges and training centre accreditation.

312. The difference between the three "lines" of assurance is the level of independence of the reviewing entity; the methodology utilised is unlikely to vary significantly across the three levels. I address briefly the key structures and provisions relating to each level.

313. First line assurance at service level can take a number of forms. Service-level managers can oversee self-assessments, leadership walk rounds, safety briefs, meeting minutes and peer review in order to verify compliance with policy. In essence, it is what has long been known as "*clinical and social care audit*" and a critical check whether clinical care is being provided in line with standards.

314. Clinical and social care audit has been endorsed by the Department of Health in England in successive strategic documents as a significant way in which the quality of clinical care can be measured and improved. Clinical and social care audits were developed as a process by which professionals reviewed their own practice against fixed, evidence-based standards, and the refining of professional practice as a result. The following Healthcare Quality Improvement Partnership ("HQIP") guidance documents may be of interest to the MAH Inquiry in this regard:

    a. 2009 "*Criteria and Indicators of Best Practice in Clinical Audit*";

    b. 2011 "*Best Practice in Clinical Audit*";

    c. September 2016 "*Best Practice in Clinical Audit*"; and

    d. November 2016 "*Developing a clinical audit programme*". Copies of the 2016 documents are provided at Tab 14.

315. The following Belfast Trust policies have sought to ensure that there is a standardised approach to carrying out quality improvement and audit initiatives:

    a. December 2013 "*Health and Social Care Audit Policy*" (SG 44/13) (version 1);

    b. February 2015 "*Quality Improvement and Audit Policy*" (SG 44/13) (version 2);

    c. August 2018 "*Quality Improvement and Audit Policy*" (TP 88/13) (version 3). Copies are provided at Tab 14.

316. In response to the Report on the Inquiry into Hyponatraemia-Related Deaths ("IHRD") published in January 2018, the DoH established an "*Implementation Programme*" to take forward 120 actions relating to 96 recommendations arising

from the report of that inquiry. A number of workstreams and sub-groups were established, including The Clinical & Social Care Governance Subgroup to take forward 14 of the 22 Workstream 3 (Duty of Quality) actions. I refer to a copy of the Workstream Brief, a copy of which is provided at Tab 14. This highlighted the role of audit within the Board Assurance Framework arrangements and, specifically, the need to focus on re-building and improving the programme of clinical audit (which stakeholders advised had been diluted over time in favour of quality improvement). For example:

a. *Recommendation 40 – "Learning and trends identified in SAI investigations should inform programmes of clinical audit";*

b. *Recommendation 76 – "Clinical standards of care, such as patients might reasonably expect, should be published and made subject to regular audit";* and

c. *Recommendation 78 – "Implementation of clinical guidelines should be documented and routinely audited".*

317. The second line of assurance generally comes from senior management/divisional oversight level and can be achieved through a range of mechanisms including managerial reports, performance reports, HCAI reports, KPIs, Infographics reports and Committee meetings.

318. Third line assurance can be provided to the Belfast Trust by Internal Audit. Internal Audit is a team within BSO, and so is independent of the Belfast Trust structure. The team maintains a 3-year Audit Plan, which is devised in partnership with the Belfast Trust. Each audit generally focuses on a corporate objective. Some areas attract repeat audits – for example, the review of mandatory training and information governance. The subject-matter of other audits is determined through review of the BAF Risk Document to gauge where value could most likely be added.

319. As referred to within the 2020 Belfast Trust "*Policy Development and Approval Process*", all policy monitoring audits must be registered with the Quality Improvement Team, the outcomes reported and an action plan prepared, where possible. Accordingly, the Belfast Trust QI & Audit team can provide a record on audit activity registered with it since the formation of the Belfast Trust. A number of these will involve consideration of the policies addressed in this statement. By way of illustration, at Tab 14 is an extracted list of 30 audits in which MAH is mentioned. Further details can be provided in due course if this might assist the MAH Inquiry.

**Topic 13 – Policies and procedures for further training for staff/continuing professional development**

320. In order to be able to provide the general information set out below I have drawn on the assistance of:

a. Jacqui Kennedy, Director of Human Resources and Organisational Development within the Belfast Trust since 2018. Before that, from April 2014, Jacqui held the position of Co-Director of Human Resources; and

b. Alison Kerr, Senior HR Manager within the Belfast Trust.

321. In respect of the paragraphs below which address profession-specific matters (specifically, paragraphs 331-339), I have been assisted by the individuals from the relevant professions who have been referred to earlier in this statement (for example, individuals from nursing, psychology and the AHPs).

322. Given the specific terms of the Module 3 request made by the MAH Inquiry on this topic, for the purposes of this statement I focus on the policy and procedural framework governing the provision of further training to staff and/or continuing professional development ("CPD"). I do not address other matters such as policy or procedure relating to education, induction or initial training upon a staff

member taking up their role. Some of these matters will be addressed further within the Belfast Trust's Module 4 response. However, there is necessarily an overlap and some material addressed below in relation to further training and/or CPD also covers initial training.

323. The Belfast Trust endorses a culture of lifelong learning in which staff feel valued, motivated and engaged and have the knowledge and skills required to provide safe, high quality and effective care. This also ensures that the Belfast Trust complies with its obligations and ensures effective risk management.

324. The Belfast Trust has developed a number of general Human Resources policies, procedures and practices concerning Trust-wide staff training, learning and development.

325. The Belfast Trust "*Core Statutory and Mandatory Training Policy*" (TP 71/11) addresses minimum core mandatory training requirements for all Belfast Trust staff and volunteers, regardless of individual role, contract type, staff group or profession (excluding only temporary staff engaged through agencies and/or by contractors), based on:

a. Statutory obligations;

b. A Health and Social Care mandate – i.e. where a formal, official directive has been handed down within the Health and Social Care sector (for example, RQIA Guidance on mandatory training for providers of care in regulated services); or

c. A corporate mandate – i.e. where the Belfast Trust has identified training of a specific nature and extent as being essential to organisational priorities.

326. The introduction of this policy in October 2011 superseded all legacy policies in this area. There have been three iterations, copies of which are provided at Tab 15 of the exhibit bundle:

a. October 2011 "*Statutory and Mandatory Training Policy*" (TP 71/11) (version 1);

b. April 2015 "*Statutory and Mandatory Training Policy*" (TP 71/11) (version 2); and

c. October 2020 "*Core Statutory and Mandatory Training Policy*" (TP 71/11) (version 3).

327. In broad summary only, the training policy provides a framework for the completion (and associated provision, management, monitoring and reporting arrangements relating to the completion) by all staff of the minimum core mandatory training requirements identified in the Core Statutory/Mandatory Training Matrix at Appendix 1 of the policy, within the stated timescales and with the relevant frequency. This includes those relating to adverse incident reporting, health and safety, and adult and child safeguarding.

328. The minimum requirement for some types of training is that it is completed only once. Generally, this is to be done between 6-12 months of the staff member taking up post. By contrast, other core training must be refreshed and completed at least every two, three or five years. In that respect, this policy addresses "*further training*" which the MAH Inquiry has asked the Belfast Trust to explain. Both the nature and the required frequency of the mandatory training programmes may vary over time in response to legislative developments and changing HSC and corporate mandates; Appendix 2 to the policy describes the process for amendment and addition to the Belfast Trust's Core Statutory/Mandatory Training Matrix.

329. To assist the MAH Inquiry, the 2020 version of the training policy (and the appended Core Statutory/Mandatory Training Matrix) reflects a change in that it defines only the core training programmes which apply to all staff. By contrast, the previous versions of the policy also identified mandatory training programmes applicable to broad staff groups (job-specific) or individuals (role-specific). These are detailed in the Core Statutory/Mandatory Training Matrix at Appendix 1 of each previous version of the policy. These additional mandatory training requirements for staff groups and individual roles and professions are notified to the relevant group/individual post holder by line managers and/or Heads of Profession. Some are also addressed in other Belfast Trust policies (which I seek to identify below).

330. Further, the Belfast Trust Core Statutory and Mandatory Training Policy does not cover the following (which, where applicable, must be undertaken in addition to the core mandatory training programme):

a. Training which is regarded as being a requirement of individual professions for their members to maintain core occupational competences. This is determined and identified by service managers and professions. Most (if not all) service areas maintain a service-specific mandatory training matrix for relevant staff groups; and

b. CPD and specific training and updates required in order to fulfil professional registration requirements. These will similarly be set by the relevant regulatory or professional bodies and/or corresponding guidance within the relevant service.

331. Due to the potential breadth of the exercise, in the context of the primary time period of the MAH Inquiry's Terms of Reference, in the time available I have focused on identifying the nature and source of the key policies governing further

staff training and/or CPD in relation to the following groups of professional staff which operated at MAH: namely, Nursing, Allied Health Professionals, Psychology and Social Work and Social Care Staff. As the MAH Inquiry has not made a specific request for evidence in respect of medical and dental staff, I do not address these groups. However, should the MAH Inquiry wish to also have these groups addressed, or should the MAH Inquiry be assisted by further specific documents, the Belfast Trust will endeavour to provide these. Copies of all presently located documents are provided at Tab 15 of the exhibit bundle.

332. As to nursing staff, additional requirements for further staff training and CPD (including supervision,[2] and CPD requirements to achieve revalidation) are set by:

a. Their regulator, the NMC, for example:

i. 2001 NMC Standards for Specialist Education and Practice;

ii. 2002 NMC "*The PREP handbook*" (which contains the post-registration education and practice ("PREP") standards);

iii. 2004 NMC "*Standards for the preparation of teachers of nurses, midwives and specialist community public health nurses*";

iv. 2004 NMC "*The PREP handbook*";

v. 2005 NMC "*The PREP handbook*";

vi. 2006 NMC "*Standards for the preparation of teachers of nurses, midwives and specialist community public health nurses*";

vii. 2008 NMC "*The PREP handbook*";

[2] Supervision is a process of professional support and learning, undertaken through a range of activities, which enables individual registrant nurses to develop knowledge and competence, assume responsibility for their own practice and enhance service-user protection, quality and safety (NIPEC, 2006).

viii. 2010 NMC "*The Prep handbook*";

ix. 2011 NMC "*The Prep handbook*";

x. 2015 NMC "*Revalidation. How to revalidate with the NMC. Requirements for renewing your registration*";

xi. 2018 NMC "*Future nurse: Standards of proficiency for registered nurses*";

xii. 2018 NMC "*Realising professionalism: Standards for education and training*" (set out in three parts including "*Part 1: Standards framework for nursing and midwifery education*", "P*art 2 Standards for student supervision and assessment*" and "*Part 3 Programme standards*"). A copy of Part 1 is provided at Tab 15; and

xiii. 2019 NMC "*Revalidation. How to revalidate with the NMC. Requirements for renewing your registration*"; and

b. Learning disability and nursing service-specific policies and provisions including:

i. July 2008 Belfast Trust "G*uidelines for implementation of supervison for registered nurses in Belfast Health & Social Care Trust*" (TP 40/08) (version 2);

ii. December 2009 Belfast Trust "G*uidelines for implementation of supervison for registered nurses in Belfast Health & Social Care Trust*" (TP 40/08) (version 3);

iii. March 2011 Belfast Trust "G*uidelines for implementation of supervison for registered nurses in Belfast Health & Social Care Trust*" (TP 40/08) (version 4); and

iv. November 2014 Belfast Trust "*Nursing Supervision for Registered Nurses - Facilitating Reflective Practice*" (TP 40/08) (Version 5).

333. In respect of all of the AHPs addressed at Topic 7 above, in addition to the Standards of Proficiency already addressed, requirements for further training and CPD are set by:

a. Their shared regulator, the HCPC – such as within:

i. 2006 HCPC "*CPD Standards*";

ii. 2006 "*Your guide to our standards for continuing professional development*";

iii. 2006 "*Continuing professional development and your registration*";

iv. 2014 "*Continuing professional development and your registration*";

v. June 2017 HCPC "*Continuing professional development and your registration*"; and

vi. June 2017 HCPC "*Standards of education and training*"; and

b. Regional guidance, including that issued by the DoH in relation to supervision, ongoing training and CPD. For example:

i. 2007 AHP, nursing and midwifery "*Joint statement on CPD for health and social care practitioners*";

ii. 2012 DHSSPS "*Improving Health and Well-Being Through Positive Partnerships. A Strategy for the Allied Health Professionals in Northern Ireland 2012-2017*";

iii. 2014 DHSSPS "*Regional Supervision Policy for Allied Health Professionals. Working for a Healthier People*" (a copy of the revised 2022 version is provided);

iv. 2019 DoH "*Advanced AHP Practice Framework: Guidance for Supporting Advanced Allied Health Professions Practice in Health and Social Care*"; and

v. January 2019 The Interprofessional CPD and Lifelong Learning UK Working Group "*Principles for continuing professional development and lifelong learning in health and social care*".

334. In relation to speech and language therapy, further training and CPD requirements, resources and guidance are also provided by:

a. The RCSLT, for example, the 2011 RCSLT "*CPD Framework*"; and

b. Service-specific documents and processes.

335. In relation to occupational therapy, further training and CPD requirements, resources and guidance are also provided by:

a. The RCOT, for example:

i. RCOT "*Code of continuing professional development*" (appended to the RCOT "*Code of Ethics and Professional Conduct*" referred to within Topic 7 above);

ii. 2015 RCOT "*Supervision: Guidance for occupational therapists and their managers*"; and

iii. 2017 RCOT "*Embedding CPD in Practice*" guidance; and

b. Learning disability and occupational therapy service-specific documents such as training frameworks and the August 2015 Belfast Trust "*Occupational Therapy Supervision Protocol*".

336. As to physiotherapy, further training and CPD requirements, resources and guidance are also provided by:

a. The CSP, for example, within the "Physiotherapy Framework" referred to in Topic 7 above and:

i. 2015 CSP Education Position Statement "*Continuing Professional Development*"; and

ii. 2017 CSP "*Clinical Supervision: A Brief Overview*"; and

b. Learning disability and physiotherapy service-specific documents and processes, including May 2016 Physiotherapy Service "*Guidance for the Implementation of Clinical Supervision*".

337. As to dietetics, further training and CPD requirements, resources and guidance are also provided by:

a. The BDA, for example, May 2011 "*BDA Practice Supervision*"; and

b. Learning disability and dietetic service-specific programmes and the peer support and supervision group formed between Learning Disability dietitians within the Belfast Trust and Northern Trust.

338. The HCPC Standards of Continuing Professional Development and Education and Training described above also apply in relation to the further training/CPD of psychologists. Further training and CPD requirements, resources and guidance are also provided by:

a. The BPS and its Divisions, for example:

i. August 2005 "*Good Practice Guidelines for UK Clinical Psychology Training Providers for the Training and Consolidation of Clinical Practice in Relation to People with Learning Disabilities*";

ii. December 2010 "*Continuing Professional Development Guidelines*";

iii. April 2012 "*Good Practice Guidelines for UK Clinical Psychology Training Providers for the Training and Consolidation of Clinical Practice in Relation to Adults with Learning Disabilities*";

iv. May 2014 "*DCP Policy on Supervision*"; and

v. February 2021 "*Good Practice Guidelines. Training and consolidation of clinical practice in relation to adults with intellectual disabilities*"; and

b. Learning disability and psychology service-specific provisions, such as:

i. January 2013 Belfast Trust Psychological Services "*Guidelines for the Practice of Supervision*"; and

ii. February 2015 Belfast Trust Psychological Services "*Guidelines for Continuing Professional Development*".

339. As to Social Work and Social Care Staff, additional requirements for further staff training and CPD are set by:

a. Their regulator, the Northern Ireland Social Care Council ("NISCC"). For example, the latest iterations of the following documents:

i. August 2019 "*Standards of Conduct and Practice for Social Workers*";

ii. August 2019 "*Standards of Conduct and Practice for Social Care Workers*";

iii. September 2020 "*Post Registration Training and Learning (PRTL) Continuous Learning & Development Standards GUIDANCE for Social Care Registrants*"; and

iv. October 2020 "*General Guidance for Social Work Registrants Post Registration Training and Learning (PRTL)*";

b. The independent professional membership organisation, the British Association of Social Workers ("BASW") Northern Ireland. For example:

i. 2012 "*Continuing Professional Development (CPD) Policy*";

ii. 2019 "*Capabilities Statement for Social Workers Working with Adults with Learning Disability*"; and

iii. 2019 "*Continuing professional development pathway for Social Workers Working with Adults with Learning Disability*";

c. Regional guidance, including that issued by the DoH, such as:

i. DHSSPS Personal Social Services Development and Training Strategy 2006-2016; and

ii. 2019 DoH "*A Learning and Improvement Strategy for Social Workers and Social Care Workers 2019-2027*"; and

d. Learning disability and service-specific policies and provisions including:

i. October 2009 Belfast Trust "*Professional Social Work Corporate Supervision Policy*" (SG 57/09) (version 1);

ii. February 2013 Belfast Trust "*Corporate Professional Supervision Policy for Social Work Staff in Adult Services)*" (SG 57/09) (version 2); and

iii. March 2014 Belfast Trust "*Adult Services social work and supervision policy standards and criteria*" (SG 57/09) (version 3).

340. The Belfast Trust's "*Registration and Verification Policy*" is intended to ensure that health and social care professionals employed with it have live and valid registration with the relevant regulatory body where this is a requirement of that profession. This is addressed in more detail in the Belfast Trust's Module 4 response.

341. More broadly, on a Trust-wide basis, further (core and other) staff training and CPD for all groups is supported by:

a. The appraisal process;

b. The Assistance to Study policy; and

c. The Human Resources Annual Learning and Development Portfolio.

342. The Belfast Trust has two systems in place for staff appraisal:

a. Medical Appraisal, which governs Medical and Dental staff. Permanent medical staff within the Belfast Trust have an annual appraisal at which their further training and CPD is assessed. This is a requirement of their GMC registration; and

b. Staff Development Review, which applies more broadly in relation to all other staff. At Tab 15 is a copy of the latest (July 2019) Staff Development Review Guidance. The objective of the Staff Development Review process is to support and assist staff in understanding what is expected of them in their role, how they contribute to the overall success of the Belfast Trust and how they can develop themselves within their role and for future career progression. The process takes the form of structured discussion within which staff training and knowledge and development needs are discussed on an individual basis and Personal Development Plans are agreed between the reviewer (generally a line manager) and the staff member. An example of the appraisal Personal Contribution Plan for a Band 7 Clinical Specialist Dietitian at MAH is provided at Tab 15.

343. The Belfast Trust "*Assistance to Study Policy*" supports staff (excluding Medical and Dental staff, to whom separate arrangements apply) in undertaking both mandatory training and other learning and development activities outside of the Belfast Trust by enabling applications for financial assistance (such as associated course fees and paid time off to attend). The relevant iterations of this policy are:

a. September 2009 "*Assistance to Study Policy*" (TP 033/08) (version 1.2);

b. May 2010 "*Assistance to Study Policy*" (TP 033/08) (version 2);

c. April 2014 "*Assistance to Study Policy*" (TP 033/08) (version 3);

d. April 2014 "*Assistance to Study Policy*" (TP 033/08) (version 3.1); and

e. June 2019 "*Assistance to Study Policy*" (TP 033/08) (version 3.2). Copies of each iteration are provided at Tab 15 of the exhibit bundle.

344. Finally, the Directorate of Human Resources maintains an Annual Learning and Development Portfolio, which is available online to all staff and includes a broad range of training and guidance programmes and materials, such as in relation to Personal Development, Coaching & Mentoring, Leadership & Management, Team Development, Values and Statutory Mandatory Training (described below).

345. Since its formation, the Belfast Trust has invested in training in these areas. For example, in relation to Leadership and Management Development, the Trust is an accredited learning centre for the delivery of the Institute of Leadership and Management (ILM) levels 1,2,3,4,5. It has developed a range of strategies and frameworks governing its approach to leadership, leadership and management behaviours and support and training programmes for leaders and managers. These include the Belfast Trust Leadership and Management Development Strategy, a Leadership and Management Charter, the subsequent Belfast Trust Leadership and Management Framework 2016-2018 and leadership development programmes including "*Living Leadership*", "*Leading for Success*" and "*Leading with Care*".

**Other – Incidents and Serious Adverse Incident policies**

346. In light of the MAH Inquiry Terms of Reference, the Belfast Trust considers that the policy and procedure relating to the management of incidents and "*Serious Adverse Incidents*" ("SAI's").

347. In addressing this area, I have drawn on the assistance of June Champion and Claire Cairns, to whom I have already referred. I have also been assisted by Robert Henry from the Belfast Trust's Risk & Governance Department.

348. Before turning to the specific Belfast Trust policies and procedures relating to SAIs, I want to initially refer to the general regional framework within which they were developed. Standard Criterion 4 of the original CAS (Control Assurance Standards) on Risk Management (referred to above) identified incident reporting as "*a fundamental tool of risk management, the aim of which is to collect information about adverse incidents, including near misses and hazards, which help to facilitate wider organisational learning*".

349. Regional guidance for the reporting of adverse incidents and SAIs by HSC organisations has been in place in Northern Ireland since 2004 – i.e. before the formation of the Belfast Trust. The main provisions and policy documents which chart the development of the regional procedures and processes in this area, in chronological order, are as follows. A number of these documents are no longer publicly available but to the extent possible, copies are provided at Tab 16:

a. DHSSPS Circular HSS (PPM) 06/04. This introduced interim guidance on the reporting to the DHSSPS and follow-up on SAIs and near misses;

b. DHSSPS Circular HSS (PPM) 05/05;

c. DHSSPS Circular HSS (PPM) 02/2006;

d. March 2006 DHSSPS "*Safety First: A Framework for Sustainable Improvement in the HPSS*";

e. March 2006 DHSSPS "*The Quality Standards for Health and Social Care*" (as addressed in Topic 1 above), introduced to support and to implement the

"*statutory duty of quality*" on HPSS Boards and Trusts imposed by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 (also addressed in Topic 1 above);

f. DHSSPS Circular HSS (MD) 06/2006;

g. DHSSPS Circular HSC (SQS) 19/2007;

h. DHSSPS Circular HSS (SQSD) 34/2007 "*Guidance Document on HSC Regional Template and Guidance for Incident Review Reports*";

i. 2008 Northern Ireland Adverse Incident Centre (NIAIC) "*Reporting Adverse Incidents and Disseminating Medical Devices/Equipment Alerts*" DB(NI) 2008 (01). NIAC also issued a guidance table, a copy of which is provided;

j. DHSSPS Circular HSC (SQSD) 22/2009 "*Learning from Adverse Incidents and Near Misses reported by HSC organisations and FPS*";

k. DHSSPS Circular HSC (SQSC) 08/2010 "*Phase 2 – Learning from Adverse Incidents and Near Misses reported by HSC organisations and Family Practitioner Service*";

l. DHSSPS Circular HSC (SQSD) 10/2010;

m. April 2010 HSCB "*Procedure for the reporting and follow up of Serious Adverse Incidents*". This followed the transfer of responsibility for management of SAI reporting to the HSCB Board (working in partnership with the Public Health Agency) in May 2010;

n. February 2011 HSCB "'*Protocol for responding to SAIs involving an alleged homicide*";

o. 2013 HSCB "'*Protocol for responding to SAIs involving an alleged homicide*";

p. DHSSPS Circular HSS (MD) 8/2013: Investigating Patient or Client Safety Incidents. This referred to a revised Memorandum of Understanding (MOU) has between the DHSSPS, on behalf of the HSC, the PSNI, NICTS, the Coroners Service for NI and HSENI;

q. July 2013 DHSSPS Memo from Chief Medical Officer. This introduced the HSC Board/PHA Protocol on the dissemination of guidance/information to the HSC;

r. October 2013 HSCB/PHA "*Procedure for the reporting and follow-up of Serious Adverse Incidents*";

s. June 2015 HSCB letter with revised "*HSC Procedure on the Reporting and Follow-up of Serious Adverse Incidents*" and accompanying documents;

t. DHSSPS Circular HSC (SQSD) 56/16;

u. November 2016 HSCB "*Procedure for the Reporting and Follow-up of Serious Adverse Incidents (SAIs)*";

v. 2018 DoH Circular HSS (MD) 8/2018 "*Memorandum of Understanding (Investigating Patient Safety Incidents Involving Unexpected Death and Serious Untoward Harm*";

w. DoH Circular dated 21 January 2020 "*Reinstatement of HSC (SQSD 24/19 Regional Operational Policy Templates*"; and

x. DoH Circular HSC (SQSD) 7/21 "*HSC Revised Never Events List*".

350. In that context, I address the specific Belfast Trust (and where possible, any preceding legacy Trust) policies and procedures relevant to the reporting and management of incidents and SAIs. I do not repeat the detail of the structures and processes which they establish, as these are clearly and comprehensively set out within the documents themselves, together with copies of the relevant reporting forms and related material within the appendices. Further, as there is a degree of overlap (and consequently, cross-referencing) between the core Adverse Incident and SAI policies and other Belfast Trust policies, such as the "*Being Open*" communication policies and those on "*Sharing Learning*", I also record those related policies in this section. Copies of each document are provided at Tab 16 of the exhibit bundle. Grouped by theme/subject-matter and in chronological order, they are as follows.

351. As to adverse incidents:

a. (Undated) North and West Belfast Health and Social Services Trust "*Adverse Events/Incidents – New Report Forms, Guidance Notes, Management Policy*";

b. 2008 Belfast Trust "*Adverse Incident Reporting Policy and Procedure including Adverse incident Investigation Procedure*" (TP 08/08) (version 1). This was the first policy in this area following the formation of the Belfast Trust and was intended to reflect the best practice and learning of the former legacy Trust policies;

c. April 2014 Belfast Trust "*Adverse Incident Reporting and Management Policy*" (TP 08/08) (version 3). The revision of this policy was delayed pending updates to the regional HSCB guidance;

d. June 2014 Belfast Trust "*Procedure for Reporting and Managing Adverse Incidents*" (TP 094/14) (version 1);

e. January 2018 Belfast Trust "*Procedure for Reporting and Managing Adverse Incidents*" (TP 094/14) (version 2);

f. January 2018 Belfast Trust "*Adverse Incident Reporting and Management Policy*" (TP 08/08) (version 4); and

g. June 2020 Belfast Trust "*Adverse Incident Reporting and Management Policy*" (TP 08/08) (version 5). The Belfast Trust adopted the regional HSCB template customised to reflect Belfast Trust internal arrangements.

352. As to SAIs:

a. 2005 North and West Belfast Health and Social Services Trust "*Serious Adverse Incident Policy & Procedure*" (version 1);

b. 2006 North and West Belfast Health and Social Services Trust "*Serious Adverse Incident Policy & Procedure*" (version 2);

c. June 2014 Belfast Trust "*Serious Adverse Incident (SAI) Procedure*" (TP 97/14) (version 3);

d. August 2016 Belfast Trust "*Serious Adverse Incident (SAI) Procedure*" (TP 97/14) (version 4); and

e. October 2020 Belfast Trust "*Procedure for Serious Adverse Incidents*" (97/14) (version 5).

353. As to the investigation of incidents (which are matters that do not fall to be dealt with as SAIs):

a. 2005 North and West Belfast Health and Social Services Trust "*Investigation of Adverse Events/Incidents, Near Misses, Complaints and Claims – v.1*";

b. June 2014 Belfast Trust "*Procedure for Investigating an Incident (excluding SAIs)*" (TP 093/14) (version 1);

c. January 2018 Belfast Trust "*Procedure for Investigating an Incident (excluding SAIs)*" (TP 093/14) (version 2); and

d. June 2020 Belfast Trust "*Memorandum of Understanding policy - Investigating Service User Safety Incidents*" (TP 111/20) (version 1).

354. As to procedures applying in the case of the death of a patient in hospital:

a. March 2015 Belfast Trust "*Procedure for Securing Evidence when incidents involving Unexpected death or serious untoward harm has occurred in suspicious circumstances*" (TP 099/15) (version 1). This remains the current version;

b. July 2010 Belfast Trust "*Guidance on actions to be taken after a patient's death*" (SG 04/09) (version 2.4);

c. July 2010 Belfast Trust "*Guidance on actions to be taken after a patient's death*" (SG 04/09) (version 3);

d. December 2013 Belfast Trust "*Guidance on actions to be taken after a patient's death*" (SG 04/09) (version 4); and

e. October 2018 Belfast Trust "*Guidance on Actions to be Taken after a Patient's Death in Hospital*" (SG 04/09) (version 5).

355. As to procedures for grading an incident:

a. June 2014 Belfast Trust "*Procedure for Grading an Incident*" (TP 095/14) (version 1); and

b. January 2018 Belfast Trust "*Procedure for Grading an Incident*" (TP 095/14) (version 2).

356. As to guidelines for writing a statement following an Incident:

a. January 2018 Belfast Trust "*Guidelines for Writing a Statement following an Incident*" (TP 096/14) (version 2).

357. As to sharing learning:

a. June 2014 Belfast Trust "*Procedure for sharing learning*" (TP 098/14) (version 1);

b. May 2016 Belfast Trust "*Policy for Sharing Learning*" (TP 98/14) (version 2); and

c. October 2020 Belfast Trust "*Policy for Sharing Learning*" (TP 98/14) (version 3).

358. As to "*Being Open*" policies (which were supported by a "Being Open" e-learning package operational from December 2014):

a. November 2011 Belfast Trust "'*Being Open' policy: saying sorry when things go wrong*" (SG 56/11) (version 1);

b. November 2014 Belfast Trust "'*Being Open' policy: saying sorry when things go wrong*" (SG 56/11) (version 1.2);

c. February 2015 Belfast Trust "'*Being Open' policy: saying sorry when things go wrong*" (SG 56/11) (version 2);

d. July 2018 Belfast Trust "*'Being Open' policy: saying sorry when things go wrong*" (SG 56/11) (version 3); and

e. June 2020 Belfast Trust "*Being Open Policy: saying sorry when things go wrong*" Policy (TP 80/11) (version 4).

359. As to general health and safety policies which include reporting provisions:

a. November 2009 Belfast Trust "*General Health and Safety Policy*" (TP 50/08) (version 2);

b. November 2012 Belfast Trust "*General Health & Safety Policy*" (TP 50/08) (version 3);

c. May 2016 Belfast Trust "*General Health & Safety Policy*" (TP 50/08) (version 4); and

d. November 2018 Belfast Trust "*General Health and Safety Policy*" (TP 50/08) (version 5);

360. As to provisions relating to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (NI) 1997 (RIDDOR):

a. July 2009 Belfast Trust "*RIDDOR Guidance for Managers/Supervisors*" (version 1) (supersedes Legacy Trust guidance);

b. June 2014 Belfast Trust "*The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (NI) 1997 (RIDDOR) Procedural Arrangements*" (TP 042/08) (version 2) (this was a change in title replacing the above policy);

c. May 2015 Belfast Trust "*The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (NI) 1997 (RIDDOR) Procedural Arrangements*" (TP 042/08) (version 3);

d. May 2018 Belfast Trust "*The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (NI) 1997 (RIDDOR) Policy*" (TP 042/08) (version 4); and

e. June 2020 Belfast Trust "*The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) policy*" (TP 042/08) (version 5).

361. In brief outline only, the current regional procedure for the Reporting and Follow-up of Serious Adverse Incidents in Northern Ireland remains the November 2016 HSCB Procedure referred to above. This was also the applicable procedure at the time that allegations of abuse surfaced in MAH in 2017.

362. By this time, the nature and implementation of procedures for the reporting and review of adverse incidents and SAIs had already come under scrutiny both at regional and at national level. Particular concerns were raised in relation to the reporting and review process, as well as ensuring the meaningful involvement of patients, service users and their families in the review process and how subsequent learning is identified and effectively implemented. See, for example:

a. February 2013 Sir Robert Francis QC Report of the Mid-Staffordshire NHS Foundation Trust Public Inquiry (referred to in Topic 2 above);

b. December 2014 Sir Liam Donaldson "*The Right Time the Right Place: An expert examination of the application of Health and Social Care governance arrangements for ensuring the quality of care provision in Northern Ireland*" (referred to in Topic 1 above); and

c. January 2018 O'Hara J Report on the Inquiry into Hyponatraemia-Related Deaths (IHRD) in Northern Ireland.

363. I referred earlier in this statement to the DoH IHRD "*Implementation Programme*" by way of the creation of a number of "Workstreams". Workstream 5 Serious Adverse Incidents was established to take forward 18 actions arising from 10 IHRD recommendations in this area. I refer to a copy of the November 2018 Workstream Brief, provided at Tab 16. The outcomes of this Workstream included work on family engagement and consultation with families. Work was delayed due to the COVID-19 pandemic but Phase 2 is now commencing.

364. Another significant output of the above work was that, in April 2018, the RQIA was commissioned by the DoH to examine the application and effectiveness of the regional SAI procedure. The RQIA's conclusions and recommendations are set out in the June 2022 "*Review of the Systems and Processes for Learning from Serious Adverse Incidents in Northern Ireland*" at Tab 16. In broad terms only, the conclusions (which I do not set out here) were that the current procedure and the mechanisms for its implementation are not fit for purpose and the series of recommendations are intended as the basis for a new regional policy for reporting, investigating and learning from adverse events.

365. As the MAH Inquiry may be aware, a review in this area by the SPGG/PHA is currently ongoing. The Belfast Trust has already advocated for consideration of the NHS England model set out in the Patient Safety Incident Response Framework of August 2022, a copy of which is provided at Tab 16. Its introduction in England followed lengthy consultation on, and review of, the Serious Incident Framework within that jurisdiction. In this regard, I refer to a copy of the November 2018 NHS Improvement paper "*The future of NHS patient safety investigation: engagement feedback*" and the July 2019 NHS paper "*Being fair: Supporting a just and learning culture for staff and patients following incidents in the NHS*". A copy of the latter document is provided at Tab 16.

366. The new English framework provides for a new approach to incident management which facilitates inquisitive examination of a wider range of patient safety incidents "*in the spirit of reflection and learning*" rather than as part of a "*framework of accountability*".

367. The Belfast Trust recognises that HSC Trusts in Northern Ireland face specific challenges which may not be shared to the same extent in other jurisdictions. This includes, for example, access to suitable review panel member expertise, access to independent panel Chairs and limited diary availability of suitable subject matter experts especially where that expertise must come from outside the jurisdiction. These issues can pose particular administrative burden and take up precious time which is better spent identifying and analysing evidence. Further, the absence of protected time for staff to conduct incident reviews alongside clinical and governance work can compromise the quality of reporting. Finally, the process of engaging with families (many of whom are grieving), in particular at the stage of their review of the report and provision of feedback, can be a time-consuming aspect which cannot fairly be rushed to meet a timescale. Accordingly, experience has shown that this often results in a failure to meet the timescales prescribed by the current regional SAI procedures.

**Other – Visiting Policies**

368. Given some the evidence which the MAH Inquiry has heard to date, I consider it relevant to identify Belfast Trust (and, where available, legacy Trust) policies and procedures relating to visitors. Copies of the documents identified are provided at Tab 17 of the exhibit bundle. In chronological order, these include:

a. 2005 North and West Belfast Health and Social Services Trust "*Policy on Visiting*";

b. May 2006 Green Park Healthcare Trust "*Ward Visiting Times Policy*";

c. March 2007 Belfast City Hospital "*Guidelines on In-Patient Visiting*";

d. February 2008 Belfast Trust "*Visitors Policy*" (TP 10/08) (version 2);

e. November 2013 Belfast Trust "*Local Guidance for Facilitating Visits by Children to Mental Health and Learning Disability Inpatient/Residential Facilities*" (SG 34/13) (version 1);

f. November 2017 Belfast Trust "*Local Guidance for Facilitating Visits by Children to Mental Health and Learning Disability Inpatient/Residential Facilities*" (SG 34/13) (version 2); and

g. October 2019 Belfast Trust "*Visitors Policy*" (SG 73/08) (version 3).

**Conclusion**

369. The breadth of the topics covered in this Module have meant that I have had to draw on the expertise of many colleagues from a significant number of different areas within the Belfast Trust. I want to acknowledge their considerable assistance. However, I also recognise that there is a limit to what it has been possible to achieve in the time available. Beyond the provision of this statement the Belfast Trust will continue to endeavour to identify other relevant material that may bear on the topics identified by the MAH Inquiry. In addition, if there are matters of specific interest to the MAH Inquiry, and about which more information is required than I am presently able to provide, then the Belfast Trust will endeavour to address those matters further for the assistance of the MAH Inquiry.

**Declaration of Truth**

370. 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, collectively, the

contributors to this statement believe are necessary to address the matters on which the MAHI Panel has requested the Belfast Trust to give evidence.

**Signed:** **Chris Hagan**

**Dated:** **20 March 2023**

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